



## Switching to Astra Bank has never been easier!

### Just follow these simple steps:

#### Step 1: Open a new Astra Bank Checking Account. All we need from you:

- Completed "All About You" customer information form
- Your I.D. (i.e., driver's license, passport)

#### Once the account is set up you can:

- Order new checks
- Receive a debit card
- Activate online banking, bill pay and install our mobile app

#### Step 2: Stop using your old checking account

- Leave sufficient funds in your former account to cover all outstanding debits, checks and automatic payments.
- Shred your old checks and any debit/credit cards associated with that account (or bring them to us and we will securely shred them for you).

#### Step 3: Change or sign up for direct deposits

- Transfer direct deposits to your new Astra Bank checking account.
  - Use our [Direct Deposit Authorization Form](#) – take this to your employer directly.
  - If you receive Social Security Payments, call 1-800-772-1213 to make the change.
  - Your new account number and routing number are:  
**Your routing number is: 101102344**  
**Your account number is: \_\_\_\_\_**

#### Step 3: Change your automatic payments

- Review your statement to identify all automatic payments (i.e., utilities, loan payments, etc.) that are being deducted from your account.
- Transfer any automatic payments to your new checking account
  - You may use our [Request to Transfer Automatic Payment form](#) to inform each company of your new account information. Follow up with each company two weeks after sending the form to ensure a successful transfer.

#### Step 4: Register/enroll in Astra Bank on-line banking and bill pay services.

#### Step 5: Close your old account

- Ensure that all outstanding checks and automatic payments have cleared your old account.
  - Transfer remaining funds to your new Astra Bank account.
    - You may use our [Account Closing Request form](#) or contact your former bank directly.
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## Astra Bank Direct Deposit Request and Authorization Form

Complete this form in its entirety. Return the signed form along with a voided check from your new Astra Bank account to your employer.

### Company Information:

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Employee Information:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- Please send my direct deposit to:**  
Astra Bank  
207 Eagle Drive  
Abilene, KS 64710      Routing number: **101102344**  
Account Type:   Checking   Savings   Money Market  
Account # to be deposited to \_\_\_\_\_

By signing below I authorize the above named employer to initiate deposits to my Astra Bank account listed above and I authorize Astra Bank to accept such deposits. I understand that this authorization replaces previous authorizations and will remain in effect until I send written notice of change or cancellation to the above named company.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Request to Transfer Automatic Payments

Complete this form in its entirety for each company that you currently pay by doing an automatic transfer from your checking account. Please attach a voided check from your new Astra Bank account to each request.

DATE: \_\_\_\_\_

**Please be advised that I have recently changed banks and need to immediately redirect my automatic payment to come from my new Astra Bank checking account.**

### **Company Information:**

COMPANY receiving payment: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account Number associated with payment (if applicable): \_\_\_\_\_

Company phone number: \_\_\_\_\_

Amount (if applicable): \_\_\_\_\_

### **My Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number: \_\_\_\_\_

### **My new account info:**

**Astra Bank routing number: 101102344 New Astra Bank checking account number: \_\_\_\_\_**

If you have any questions regarding this request, please contact me at the number listed below. Thank you.

Sincerely,

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Note: Automatic payments will begin subject to the company's effective change date.**

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## Account Closing Request Form

Date: \_\_\_\_\_

Former Financial Institution \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

To Whom it May Concern:

Please close the following account(s):

Account number: \_\_\_\_\_

Account number: \_\_\_\_\_

Please send a check for the remaining balance to the address listed below. You may contact me at the following phone number if you have any questions or concerns regarding this request.

Phone number: \_\_\_\_\_

Sincerely,

Signature: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

