Switch Kit

Switch Close Account

Please submit separate forms for each closed account.

My Name

Address

City | State | Country | Zip Code

Phone | Email

Please close my account at:

Financial Institution

City | State | Country | Zip Code

Phone | Account # | Routing #

Cash out the current account and transfer the proceeds as follows. Select one option in each column.

Amount to transfer:

- ☐ 1. $ _____
- ☐ 2. The entire amount in my account and close my account.
  Account # _____
- ☐ Mail the remaining balance of my account to mailing address above.
- ☐ Mail the remaining balance of my account to be deposited at First Interstate.

Make this transfer:

- ☐ 1. On (MM/DD/YY) _____
- ☐ 2. Immediately
- ☐ At maturity of the investment

(!) Please maintain a balance in your old account to cover all outstanding deposits and withdrawals. First Interstate Bank is not responsible for charges incurred for insufficient funds. Work with a First Interstate banker to determine when to send this to your previous financial institution.

ATTN: _____

First Interstate Bank
P.O. Box 30918
Billings, MT 59116

☐ Checking Account ☐ Savings Account

Account # _____

Routing # **092901683**

Signature | Date

First Interstate
No Nonsense Banking

firstinterstate.com

Member FDIC. Equal Housing Lender.

REV.202607.KT