

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.

ATTN: _____

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

Make this transfer:

1. On (MM/DD/YY) _____

2. Immediately

3. 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.

Checking Account Savings Account

Account # _____

Routing # **092901683**

Signature _____

Date _____



firstinterstate.com

Member FDIC. Equal Housing Lender.