

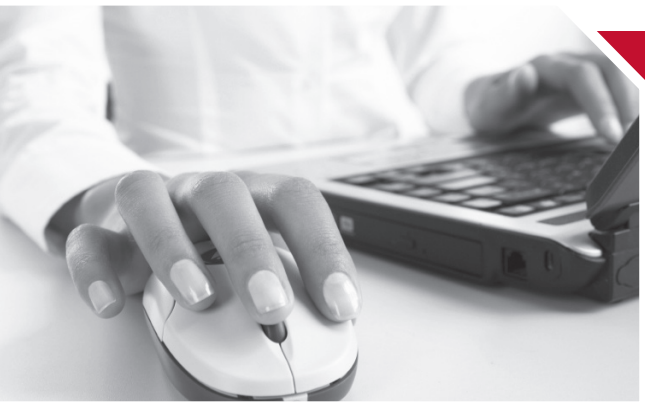
Making the switch is easy.

Have you thought about changing banks? If you're like most people, then the answer is yes. Maybe you recently relocated, switched jobs or perhaps your bank just isn't providing the customer service you deserve.

Regardless of the reason, you still haven't switched. Why not? Because you probably think it's too much trouble. With Colorado State Bank and Trust's fast and easy "Switch Kit", changing banks has never been easier.

Welcome to Colorado State Bank and Trust.





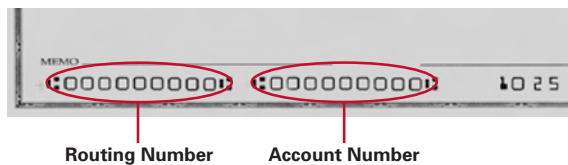
Five Easy Steps to Switch.

1) Open your Colorado State Bank and Trust account.

Stop by a Colorado State Bank and Trust banking center, call us at 877-205-1710 or open your new account online at www.csbt.com. Make a note of your new Colorado State Bank and Trust account number and routing number. You'll need them later.

Routing numbers and account numbers:

How to locate them on your checks:



2) Stop using your old account.

Let all your checks clear. This could take a few days. Destroy any unused checks, ATM/debit cards and deposit slips.

3) Change direct deposits.

All the forms you need are in our Switch Kit. Simply fill out Form A and give it to your employer, the Social Security Administration or your retirement plan administrator. Include a new deposit slip or voided check.

4) Change automatic payments.

Use Form B to change all automatic withdrawals deducted from your account. Once filled out, send Form B to all applicable merchants.

Also, don't forget to update automatic payments made on your old debit card with your new Colorado State Bank and Trust Visa Debit Card number and expiration date.

5) Close your old account.

Complete Form C and send to your old bank to close the account and request a final check to be sent to you. If you have an account at more than one financial institution, complete a form for each.

Send in Forms A, B and C and close your old account. And that's it!

"Switch" Your Account Today.

Please make sure you have the most recent version of [Adobe Acrobat](#).

Still have questions?

Stop by one of our local banking centers or call us at (877) 205-1710.

Please Change My Account used for Direct Deposit:

Date: _____

Company Name: _____

Company Address: _____

City, State, Zip: _____

To Whom It May Concern:

Please change my direct deposit authorization to be deposited in my new Colorado State Bank and Trust account.

My information is as follows:Colorado State Bank and Trust **Routing Number:** 102000607 _____Colorado State Bank and Trust **Account Number:** _____

If you have any questions regarding this request please contact me at:

Phone: _____ Day Evening**Signature:** _____Name *(Please Print)*: _____

My Address: _____

City, State, Zip: _____

This form authorizes your deposits to be sent to the financial institution named above to be deposited to the designated account. Please complete a separate form for each type of pre-authorized deposit you currently have set up on the account you are closing.

Please Change My Automatic Withdrawal Account Number:

Date: _____

Company Name: _____

Company Address: _____

City, State, Zip: _____

To Whom It May Concern:

I have recently changed my account to Colorado State Bank and Trust and I would like to change my automatic withdrawal authorization. **My information is as follows:**

Please withdrawal the follow amount from my account (*see below*): \$ _____

Previous Bank: _____

Previous Routing Number: _____

Previous Account Number: _____

For (*Payment or Reason*): _____On (*Date of Month*): _____

Discontinue making withdrawals from this account on: _____

Begin making future withdrawals from my new Colorado State Bank and Trust account on: _____

Colorado State Bank and Trust **Routing Number:** 102000607Colorado State Bank and Trust **Account Number:** _____

If you have any questions regarding this request please contact me at:

Phone: _____ Day Evening

Signature: _____

Name (*Please Print*): _____

My Address: _____

City, State, Zip: _____

This form authorizes your withdrawals to be sent to the financial institution named above to be withdrawn from the designated account. Please complete a separate form for each type of pre-authorized withdrawal you currently have set up on the account you are closing.

Please Close My Account(s):

Personal Information

Primary Account Holder First Name: _____

Primary Account Holder Last Name: _____

Daytime Phone Number: _____

Address: _____

City: _____

State: _____ Zip: _____

Please send any funds remaining in these accounts to:

The address shown above:

The following address:

Address: _____

City: _____

State: _____ Zip: _____

Please close the following account(s) with your institution:

Account 1 Number: _____

Account 1 Type: Checking
 Savings
 Money Market
 Other

Account 2 Number: _____

Account 2 Type: Checking
 Savings
 Money Market
 Other

Signature: _____

Name *(Please Print or Type)*: _____

Date: _____