



Switch to Little Horn State Bank Kit

Everything you'll need to easily move your accounts, deposits and payments.

INDIVIDUAL ACCOUNT

JOINT ACCOUNT

PRIMARY ACCOUNT HOLDER INFORMATION

Name

Social Security Number

Date of Birth & Birth Place

Physical Street Address

City, State, Zip Code

Mailing Address (if different)

Cell Phone/Home Phone

Email

Driver's License Number & State of Issuance

Date of Issuance & Expiration Date

Mother's Maiden Name

Are you a US Citizen? Yes or No

Are you or any relatives/associates connected to a government
other than the United States? Yes or No
If yes, explain: _____

Employer

Previous Financial Institution

Institution Address

City, State and Zip code

Type of Account(s)

Account Number(s)

JOINT ACCOUNT HOLDER INFORMATION

Name

Social Security Number

Date of Birth & Birth Place

Physical Street Address

City, State, Zip Code

Mailing Address (if different)

Cell Phone/Home Phone

Email

Driver's License Number & State of Issuance

Date of Issuance & Expiration Date

Mother's Maiden Name

Are you a US Citizen? Yes or No

Are you or any relatives/associates connected to a government
other than the United States? Yes or No
If yes, explain: _____

Employer

Previous Financial Institution

Institution Address

City, State and Zip code

Type of Account(s)

Account Number(s)

* Drop off at a Little Horn State Bank location or mail to: 835 N Center Ave, Hardin, MT 59034 or 2900 Central Ave #3, Billings, MT 59102

Account Closure Notice

Name _____
Social Security Number _____
Joint Owner Name (if applicable) _____
Joint Owner Social Security Number _____

Previous Financial Institution

Name of Previous Institution _____
Street Address _____
City, State, Zip Code _____
Account Number(s) _____

Please mail balance to:

Little Horn State Bank
835 N Center Ave
P.O Box 530
Hardin, MT 59034

Little Horn State Bank
2900 Central Ave #3
Billings, MT 59102

I hereby authorize the closure of my checking(s) and/or savings account(s). All my checks have cleared the account to be closed and all direct deposits and automatic payments have been stopped.

Signature _____ Date _____
Joint Owner Signature (if applicable) _____ Date _____

Direct Deposit Change Notice

Name _____
Social Security or Identification Number _____ Date _____
Name of Employer _____
Street Address _____
City, State, Zip Code _____

Previous Financial Institution

Name of Previous Institution _____
Street Address _____
City, State, Zip Code _____
Account Number(s) _____

New Financial Institution

Circle One:

Little Horn State Bank
835 N Center Ave
P.O Box 530
Hardin, MT 59034

Little Horn State Bank
2900 Central Ave #3
Billings, MT 59102

I hereby authorize my direct deposit to be sent to my NEW Checking Account. I have attached a voided check for reference.
Effective _____ / _____ / _____

Name _____
Checking Account Number _____
Signature _____ Date _____

Direct Deposit Change Notice

Name _____
Social Security or Identification Number _____ Date _____
Name of Employer _____
Street Address _____
City, State, Zip Code _____

Previous Financial Institution

Name of Previous Institution _____
Street Address _____
City, State, Zip Code _____
Account Number(s) _____

New Financial Institution

Circle One:

Little Horn State Bank
835 N Center Ave
P.O Box 530
Hardin, MT 59034

Little Horn State Bank
2900 Central Ave #3
Billings, MT 59102

I hereby authorize my direct deposit to be sent to my NEW Checking Account. I have attached a voided check for reference.
Effective _____ / _____ / _____

Name _____
Checking Account Number _____
Signature _____ Date _____