



Account Change Authorization

NOTE: Submitting this signed/completed form is the first step of a multi-step process that may require more action by you. The next instructions will be shared with you upon the bank's receipt of this form.

My checking account number _____ is currently a:

- Basic Checking Beyond Checking

Please change the account type to:

- Basic Checking Beyond Checking

Effective Date:

- Next Statement Cycle Immediately Other

By signing below, I acknowledge and accept the Terms and Conditions of the account type selected above as referenced in the "Understanding Your Deposit Account" brochure that was provided at your first account opening and available at any DSB location and on the bank web site.

Signature(s) of all account owners:

_____	_____	_____
Signature	SSN	Date
_____	_____	_____
Signature	SSN	Date
_____	_____	_____
Signature	SSN	Date

TO SUBMIT:

FAX: Fax to Denison State Bank, Attn: CSR Dept., at 785-364-3793.
Mail: Mail to Denison State Bank, CSR Dept., PO Box 71, Holton, KS 66436.
Deliver: To any Denison State Bank location or night-drop box.

Questions? Contact the customer service department at 1-800-633-2423 or 785-364-3131.

For Internal Use Only:	Processed By: _____
__ Account Type	__ Statement Image Indicator __ Overdraft Privilege Amount
__ Compensating Account Settings	