



**Switch to Little Horn State Bank Kit**

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

**BUSINESS ACCOUNT INFORMATION**

**AUTHORIZED SIGNER INFORMATION**

Account Name

Owner/Signer Name

Trade Name

Social Security Number

Employer Identification # (EIN) State/Year Issued

Date of Birth

Physical Street Address

Physical Street Address

City, State, Zip Code

City, State, Zip Code

Mailing Address (if different)

Mailing Address (if different)

Business Phone/Fax

Cell Phone/Home Phone

Email

Email

Nature of Business

Driver's License Number & State of Issuance

Type of Ownership:

- Sole Proprietorship
- Non-Profit Corporation
- For-Profit Corporation
- Partnership
- LLC
- Estate / Trust

Date of Issuance & Expiration Date

Previous Financial Institution

Mother's Maiden Name

Address

Are you a US Citizen? Yes or No

City, State, Zip Code

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

Type of Account(s)

**\*\*If there is more than one owner/signer, please complete additional forms for each authorized owner/signer.**

Account Number(s)

**Required Business Documentation at account opening: (varies by business type)**

- |                             |                           |   |
|-----------------------------|---------------------------|---|
| Trust Documents             | By-Laws                   | Estate Documents  |
| Partnership / LLC Agreement | Articles of Incorporation | Proof of Beneficial Ownership                                 |
| Business License            | Tax Identifying Number    | Minutes of Board Meeting naming current officers (Non-Profit) |
| Certificate of Formation    |                           |   |

*\*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*



**Little Horn<sup>®</sup>**  
**STATE BANK**

**Direct Deposit / Automatic Payment Authorization Form**

To: \_\_\_\_\_  
 Company / Organization Name  
 \_\_\_\_\_  
 Company Address  
 \_\_\_\_\_  
 City, State, Zip Code  
 \_\_\_\_\_  
 Account Number

From: \_\_\_\_\_  
 Company / Organization Name  
 \_\_\_\_\_  
 Authorized Signer Name  
 \_\_\_\_\_  
 Company Address  
 \_\_\_\_\_  
 City, State, Zip Code

To Whom it May Concern:

Please redirect my direct deposit / automatic payment for the above account number to my new Little Horn State Bank account as instructed below:

**Little Horn State Bank**      **Routing Number: 092904761**      **Account #:** \_\_\_\_\_

Account Type:       Checking       Savings

Please redirect my:       Direct Deposit       Automatic Payment

Effective:       Immediately       Beginning:      \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Deposit Instructions:       Deposit the entire amount to account #: \_\_\_\_\_

Deposit \$ \_\_\_\_\_ to account # \_\_\_\_\_  
 and the remainder to account # \_\_\_\_\_

If you have any questions regarding this request, please contact me at the following number: \_\_\_\_\_.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed Name  
 (Attach voided check for new account)

\_\_\_\_\_  
 Printed Name



# Little Horn<sup>®</sup> STATE BANK

## Payroll Processing Change Request

To: \_\_\_\_\_  
 Company / Organization Name  
 \_\_\_\_\_  
 Company Address  
 \_\_\_\_\_  
 City, State, Zip Code  
 \_\_\_\_\_  
 Account Number \_\_\_\_\_ Amount \_\_\_\_\_

From: \_\_\_\_\_  
 Company / Organization Name  
 \_\_\_\_\_  
 Authorized Signer Name  
 \_\_\_\_\_  
 Company Address  
 \_\_\_\_\_  
 City, State, Zip Code

To Whom it May Concern:

You are currently processing my company's payroll and I have changed banks.

**Effective \_\_\_\_\_, please stop processing my payroll from:**

\_\_\_\_\_  
 Previous Bank  
 \_\_\_\_\_  
 Routing Number  
 \_\_\_\_\_  
 Account Number

**Effective \_\_\_\_\_, please begin using my new Little Horn State Bank account for processing my company's payroll.**

**Little Horn State Bank                      Routing Number: 092904761                      Account #: \_\_\_\_\_**

If you have any questions regarding this request, please contact me at the following number: \_\_\_\_\_.

\_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Printed Name  
 \_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 Title  
 \_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 Title

## Automatic Payment / Withdrawal Change Notice

Name

Social Security or Identification Number

Name of Company

Company Street Address

Company Account Number

## 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

**Routing Number: 092904761**

I hereby authorize you to re-direct future automatic payment withdrawals to my NEW Checking Account.

Effective: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name

Checking Account Number

Signature

Date

## Automatic Payment / Withdrawal Change Notice

Name

Social Security or Identification Number

Name of Company

Company Street Address

Company Account Number

## Previous Financial Institution

Name of Previous Institution

Street Address

City, State, Zip Code

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Effective: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name

Checking Account Number

Signature

Date

## Automatic Payment / Withdrawal Change Notice

Name

Social Security or Identification Number

Name of Company

Company Street Address

Company Account Number

## Previous Financial Institution

Name of Previous Institution

Street Address

City, State, Zip Code

Account Number(s)

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2900 Central Ave #3  
Billings, MT 59102

**Routing Number: 092904761**

I hereby authorize you to re-direct future automatic payment withdrawals to my NEW Checking Account.

Effective: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name

Checking Account Number

Signature

Date



**Little Horn**<sup>®</sup>  
**STATE BANK**

**Account Closure Request Form**

To: \_\_\_\_\_  
Financial Institution Name

From: \_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Signer Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
City, State, Zip Code

To Whom it May Concern:

Please accept this letter as authorization to close the following account(s) with your financial institution.

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Type

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Type

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Type

Please send any remaining funds to the address above. If you have any questions regarding this request, please contact me at the following number: \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title