



community state bank

Customer Contact Form

Customer Name: _____

Contact Number: _____ or _____

New Account Number(s): _____

Personal Banker: _____

By providing us with the information requested below, we will notify each contact you have listed to inform them of your authorization to change your automatic debit or credit to Community State Bank.

Most of the information you need to complete this form can be found on your bank statement. You can also obtain the information from your pay stub(s) or bill(s).

	Company/Bank Name	Contact Information	Account Number
Direct Deposit to:			
Direct Deposit to:			
Direct Deposit to:			
Direct Deposit to:			
Automatic Transfer to:			
Automatic Transfer to:			
Automatic Debit for: Phone			
Automatic Debit for: Cell Phone			
Automatic Debit for: Electricity			

817 N Ankeny Boulevard
P.O. Box 127
Ankeny, IA 50023

1640 SW White Birch Circle
Ankeny, IA 50023

902 SE Oralabor Road
Ankeny, IA 50021

200 8th Street SE
Altoona, IA 50009

1401 E Euclid Avenue
P.O. Box 3303
Des Moines, IA 50316

3540 E 33rd Street
Des Moines, IA 50317

4811 SE 14th Street
Des Moines, IA 50320

6175 Merle Hay Road
P.O. Box 308
Johnston, IA 50131

1025 N Hickory Boulevard
Pleasant Hill, IA 50327

460 E University Avenue
Waukee, IA 50263

Local Customer Care:
(515) 331-3100

www.bankcsb.com



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Customer Contact Form (con't)

	Company/Bank Name	Contact Information	Account Information
Automatic Debit for: Gas			
Automatic Debit for: Water			
Automatic Debit for: Insurance			
Automatic Debit for: Mortgage			
Automatic Debit for: Line of Credit			
Automatic Debit for: Car Loan			
Automatic Debit for: Car Loan			
Automatic Debit for: Credit Card			
Automatic Debit for: Credit Card			
Other:			
Other:			
Other:			
Other:			



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