

Thank you for choosing Commercial Bank!

We look forward to building a relationship with you. Switching your checking account to Commercial Bank is easy, and this Switch Kit will help you make the transition as seamless as possible. Our Switch Kit will help you transfer any existing direct deposits or automatic payments with this ready to fill in kit. Just follow these easy steps!

1

Open your new Commercial Bank account

Complete our **New Account Information Form**, so we'll have what we need to open your account(s). Then stop by to select your check style, present identification, and sign a signature card, so we can open your account.

2

Get Organized

Use our **Switching Worksheet** to organize the transactions that will be switched to your new Commercial Bank account.

3

Transfer your direct deposits

Send a **Payroll Deposit Authorization Form** to your employer and other sources, so your funds can be automatically deposited to your account.

4

Move your automatic payments

Complete a **Request to Switch an Automatic Payment** and send it to each of your creditors to switch any automatic payments (utility payments, loan payments, health club memberships, etc.) so they'll come out of your new account with us.

5

Close your old account

Use our **Request to Close Account** to notify your other bank to close your account and give directions for the disbursement of any remaining funds. Make sure all of your checks and debits have cleared **before** you close your old account.

New Account Information Form

The purpose of this questionnaire is for us to gather some information, so you can begin the application process. All applications are subject to approval. Please note that Primary and Joint account holders need to sign an official account form in person at one of our branches before the account can be opened. For your account security we will also need to photocopy your driver's license(s), or other form of identification so we can have it on file to accurately identify you in the future.

INDIVIDUAL ACCOUNT

Name:						
Street Address:						
City:		State:		Zip:		
Mailing Address (if different):						
Home Phone:		Cell Phone:				
Work Phone:		Email Address:				

JOINT ACCOUNT

Name:						
Street Address (if different):						
City:		State:		Zip:		
Mailing Address (if different):						
Home Phone:		Cell Phone:				
Work Phone:		Email Address:				

PRIMARY ACCOUNT HOLDER INFORMATION

Social Security Number:		Date of Birth:	
Driver's License Number:		Expiration Date:	
Employer:		Position/Title:	

JOINT ACCOUNT HOLDER INFORMATION

Social Security Number:		Date of Birth:	
Driver's License Number:		Expiration Date:	
Employer:		Position/Title:	

I/WE ARE INTERESTED IN:

Personal Checking	Business Checking	Savings	High Yield	CD	IRA
Debit MasterCard	Online Banking	eStatements	Mobile Deposit	Bill Pay	Treasury Management (Business Accts)

Payroll Deposit Authorization Form

I hereby authorize, _____, hereinafter COMPANY, to make payment of any amount owed to me for payroll by initiating credit entries to my account indication below at Commercial Bank, and I authorize and request Commercial Bank to accept credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof. It is understood that in signing this agreement I allow COMPANY to initiate reversal of described payment entry in the event of error in calculation or overpayment.

Employee Name:	<input type="text"/>
Address:	<input type="text"/>
City State Zip:	<input type="text"/>
Phone Number:	<input type="text"/>
Social Security Number:	<input type="text"/>

NEW direct deposit bank:

Commercial Bank Account Number:	<input type="text"/>	<input type="checkbox"/>	Checking	<input type="checkbox"/>	Savings
Commercial Bank Routing Number:	<input type="text" value="084301107"/>				

Discontinue sending my automatic direct deposit to:

Previous Financial Institution:	<input type="text"/>
Account Number:	<input type="text"/>

I further understand that this authorization may be terminated by me at any time by written notification to my employer or to Commercial Bank. Any such notification to my employer shall be effective only with respect to entries initiated by my employer after receipt of such notification and a reasonable opportunity to act on it. Any such notification to Commercial Bank shall be effective only with respect to entries credited to my account by Commercial Bank after receipt of such notification and reasonable time to act on it.

Account Owner Signature:	<input type="text"/>	Date:	<input type="text"/>
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Request to Switch an Automatic Payment

RE: BANK CHANGE FOR AUTOMATIC PAYMENTS

To whom it may concern,

Please be advised that I have recently changed banks and will need to have my automatic withdrawals switched from my old account to my new account at Commercial Bank. The automatic withdrawal is being applied to the following account, which I have with your organization:

Name:	<input type="text"/>
Account # with Your Company:	<input type="text"/>
Payment Amount:	<input type="text"/>

I currently have my electronic payment(s) deducted from the following account:

Bank Name:	<input type="text"/>
Account Number:	<input type="text"/>
Routing Number:	<input type="text"/>

Please change your records, effective immediately, so that my electronic payment(s) are now deducted from my Commercial Bank account.

Bank Name:	<input type="text" value="Commercial Bank"/>
Account Number:	<input type="text"/>
Routing Number:	<input type="text"/>
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

If you have any questions regarding this request, please contact me at the phone number below. Thank you for your assistance.

Phone Number:	<input type="text"/>
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Sincerely,

Customer Signature:	<input type="text"/>	Date:	<input type="text"/>
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Request to Cancel an Automatic Payment

RE: CANCELATION OF AUTOMATIC PAYMENT

To whom it may concern,

Please be advised that am withdrawing my authorization for you to deduct any automatic payments that are currently set up with the account number below:

Name:
Account # with Your Company:

Please change your records, effective immediately, so that my electronic payments to you are stopped from the account below:

Bank Name:
Account Number:
Routing Number:

If you have any questions regarding this request, please contact me at the phone number below.
Thank you for your assistance.

Phone Number:

Sincerely,

Customer Signature: Date:

Request to Close Account

RE: REQUEST TO CLOSE ACCOUNTS

To whom it may concern,

Please accept this letter as authorization to close my bank account(s) listed below with your institution and issue a Cashier's check in my name for the remaining balance along with all accrued interest (if applicable).

Account Type	Account Number	Account Owner(s)

Please send all closing balances to:

Name:	<input type="text"/>
Address:	<input type="text"/>
City State Zip:	<input type="text"/>
Phone Number:	<input type="text"/>

If you have any questions regarding this request, please contact me at the phone number listed above. Thank you for your assistance.

Sincerely,

Account Owner Signature:	<input type="text"/>	Date:	<input type="text"/>
Joint Account Owner Signature:	<input type="text"/>	Date:	<input type="text"/>