

# Customer Information Sheet

## Primary Account Holder

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ DL Expiration Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Title \_\_\_\_\_

Email Address: \_\_\_\_\_

## Joint Account Holder (If Applicable)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ DL Expiration Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Title \_\_\_\_\_

Email Address: \_\_\_\_\_

## -Accounts and Services-

Accounts and Services that you currently use or are interested in:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Regular Checking Account          | <input type="checkbox"/> ATM Card         | <input type="checkbox"/> Mortgage Loan*    |
| <input type="checkbox"/> Interest Bearing Checking Account | <input type="checkbox"/> Debit Card*      | <input type="checkbox"/> Home Equity Loan* |
| <input type="checkbox"/> Savings Account                   | <input type="checkbox"/> Internet Banking | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Individual Retirement Account     | <input type="checkbox"/> Online Bill Pay  |  |
| <input type="checkbox"/> Certificate of Deposit            | <input type="checkbox"/> Safe Deposit Box |  |
| <input type="checkbox"/> Health Savings Account            | <input type="checkbox"/> Consumer Loan*   |  |

\*Pending Approval

# **-Account Closing Request Instructions-**

## **Before sending the Account Closing Request**

1. Check with your previous bank to make sure no additional forms or information are required.
2. Inquire about any possible penalties with respect to early withdrawal before you close your account. If you have a Certificate of Deposit (CD), it is important to check the maturity date.
3. Be sure that all automatic transactions have been switched to your Community Bank account before closing your old account.

## **After you've sent the Account Closing Request**

1. Check account statements to verify that all accounts have a zero balance and have been closed.

# Account Closure Request

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Address

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

Dear Customer Service:

This letter is to inform you that I have decided to close my account(s) at your institution. Please close the following account(s) listed below effective as of \_\_\_/\_\_\_/\_\_\_.

Account #1

Authorized Account Holder Name: \_\_\_\_\_

Authorized Account Holder Social Security #: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please send the balance of this account by:  Check  Wire transfer to my new account

Account #2

Authorized Account Holder Name: \_\_\_\_\_

Authorized Account Holder Social Security #: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please send the balance of this account by:  Check  Wire transfer to my new account

**Mailing Instructions for Check:**

Check Payable to : \_\_\_\_\_

Address: \_\_\_\_\_

**Wire Transfer Instructions:**

Wire to: The Independent Bankers Bank (TIBB)  
350 Phelps Drive  
Irving, TX 75038  
ABA # 111 010 170

For Further Credit To: Community Bank  
Account # 1021492

For Benefit Of: Customer Name: \_\_\_\_\_  
Customer Account #: \_\_\_\_\_

**Authorization:**

By signing below, I authorize your institution to close my account(s) and remit the balance of the account as designated above. Please cancel my ATM and/or Debit Cards associated with the account as well.

If you have any questions regarding this request, please contact me at the mailing address above.

Sincerely,

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# **-Direct Deposit Request Instructions-**

## **Direct Deposits**

After you've identified the Direct Deposits from your previous bank statements, use the Direct Deposit Request to notify the depositor of your new bank information.

## **Before Sending the Direct Deposit Request**

1. Check with your employer or source of income to make sure no other forms are required. For Social Security direct deposits, call the Social Security Administration at 1-800-772-1213 or go to [www.ssa.gov/deposit/howtosign.htm](http://www.ssa.gov/deposit/howtosign.htm)
2. Use the enclosed form to establish your direct deposit at Community Bank of Fitzgerald by providing it to your employer/source of income.
3. Maintain the account at your previous bank until you have confirmed that your Direct Deposit(s) has been switched to your Community Bank account.

## **After Sending the Direct Deposit Request**

1. Confirm with your employer/source of income that forms were received.
2. Monitor your account through the Community Bank access telephone service or online at [www.communitybankoffitzgerald.com](http://www.communitybankoffitzgerald.com)

## **Examples of Direct Deposit**

- Paycheck from your Employer
- Social security
- VA Compensation
- Retirement/Pension Plan

- Interest Income
- Dividends
- Military Pay

# Direct Deposit Change Request

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

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

To Whom It May Concern:

I have recently changed banks and would like to update my direct deposit. Please discontinue my current deposit and begin making direct deposit(s) into my new Community Bank of Fitzgerald account.

If you have any questions regarding this request, please contact me at the phone number listed below or by mail. Thank you for your prompt assistance in this matter.

## Employee Information:

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Bank Information:

Bank Name: Community Bank of Fitzgerald

Bank Routing Number: 061204913

## Deposit Information:

Account Number: \_\_\_\_\_

Type of Account:  Checking  Savings

Please start making this automatic deposit to my account effective:

Immediately  On \_\_/\_\_/\_\_

## Authorization:

By signing below, I authorize your company to make deposits directly to my Community Bank of Fitzgerald account indicated above.

Sincerely,

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **-Automatic Payment Request Instructions-**

## **Automatic Payments**

After you've identified the Automatic Payments from your previous bank statements, use the Automatic Payment Request to notify the merchant of your new bank information.

Don't forget you can also manage your payments with Community Bank's Internet Banking and Online Bill Pay. It's **FREE** with Community Bank's checking!!!

## **Before sending the Automatic Payment Request**

1. Identify any existing automatic payments.
2. Use the enclosed form to request that your automatic payment be established at Community Bank of Fitzgerald.
3. Maintain the account at your previous bank until you have confirmed that the automatic payment has been switched to your Community Bank account.

# Automatic Payment Change Request

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

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

To Whom It May Concern:

I have recently changed banks and would like to have my automatic payment with your company changed to my new account. Please discontinue debiting from my old bank account and begin making automatic withdrawals from my Community Bank of Fitzgerald account.

If you have any questions regarding this request, please contact me at the phone number listed or by mail.

## **Payer Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Payment Amount: \_\_\_\_\_

## **Former Bank Information:**

Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

As of \_\_/\_\_/\_\_, please stop debiting this account and start withdrawing this payment from my new Community Bank of Fitzgerald account. My new information is as follows:

## **Current Bank Information:**

Bank Name: Community Bank of Fitzgerald

Routing Number: 061204913 Account Number: \_\_\_\_\_

## **Authorization:**

By signing below, I authorize your company to modify my automatic payment as stated above.

Sincerely,

Signature: \_\_\_\_\_

Date: \_\_\_\_\_