



It's nice to work with people you know!

Switch To Community Bank

It's Quick and Easy...

Just print the forms below and follow these instructions.

Step 1: 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.

Step 2: Send a **Direct Deposit Request Form** to your employer and other sources, so your funds can be automatically deposited to your account. If you already have Direct Deposits going elsewhere, you can also use this form to switch them to your new account with us.

Step 3: Complete an **Automatic Payment Cancellation Letter** and send it to each of your creditors to switch any automatic payments so they'll come out of your new account with us.

Step 4: Use our **Account Closing Letter** to notify your other bank to close your account and give directions for the disbursement of any remaining funds. Make sure that all of your checks have cleared BEFORE you close your old account.

New Account Application

Instructions: Fill in the application, print out and bring to your local branch to open an account.

Customer Name X	Customer Name X
Physical Address City State Zip	Physical Address City State Zip Street:
Mailing Address City State Zip	Mailing Address City State Zip
Date of Birth X	Date of Birth X
SSN or Fed ITIN, Passport Number, or other Identification Number X	SSN or Fed ITIN, Passport Number, or other Identification Number X
Password for phone Inquiry X	Password for phone inquiry X
Occupation X	Occupation X
Phone Numbers: Home:	Phone Numbers: Home:
Work:	Work:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
DL/ID Number x State _____ Issue date: Exp date:	DL/ID Number x State _____ Issue date: Exp date:
Will you have any deposits come in automatically? <input type="radio"/> Social Security <input type="radio"/> Payroll <input type="radio"/> Other	Do you plan to use the following? <input type="radio"/> Internet banking <input type="radio"/> ATM/Debit Card <input type="radio"/> Wire Services <input type="radio"/> Lending <input type="radio"/> Safe Deposit Box <input type="radio"/> Auto Transfer
Type of Account-Personal <input type="radio"/> Checking : Cyber-Free <input type="radio"/> Savings High Yield <input type="radio"/> High Yield Money Market <input type="radio"/> Certificate of Deposit-Term _____	Business Accounts: You will need to complete the application for each individual that will be an authorized signor. Due to the complexity of business accounts, we do require you to speak with us regarding the account specifics.

Important Information about procedures for opening a New Account: To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

Payroll Deposit Authorization Form

Use this form to request the direct deposit of your payroll check to your Community Bank Account. You will need to provide this information to your employer with any other additional information and authorization they might need to initiate the deposit. Please contact your employer's payroll department if you have any questions about their process.

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize (company name) _____, hereinafter COMPANY, to make payment of any amount owed to me for payroll by initiating credit entries to my account indicated below at Community Bank, and I authorize and request Community 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 the described payment entry in the event of error in calculation or overpayment.

Employee Name

Address _____

City, State, Zip

Telephone

Social Security

NOTE: For Social Security Direct Deposit, we can assist you with calling the Social Security Administration Direct Deposit Department at 1-800-772-1213 or signing up online at www.ssa.gov/deposit.

() Please send an automatic direct deposit to:

Community Bank Checking Account Number:

Community Bank Savings Account Number:

Community Bank Routing & Transit Number: 091804723

Please discontinue sending my automatic direct deposit to:

(Previous Financial Institution): _____

Account #: _____

Please begin sending the same deposit to Community Bank.

Deposit \$ _____ OR entire amount to Checking Account #: _____

Deposit \$ _____ OR entire amount to Savings Account #: _____

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

Primary Account Owner

Signature _____ Date _____

Member FDIC

Automatic Payment Request

Use this form to request a transfer of an automatic payment to your Community Bank Account, or to establish a new automatic payment from your Community Bank Account. Complete this form for each automatic payment, and attach a voided check from your new Community Bank Account. Please allow sufficient time for your first automatic payments to be activated against your new Account.

To (Company Name):

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

Account Number with Company: _____ Debit Amount:

I currently have my automatic debit coming out of the following account:

Previous Financial Institution: _____

Account #: _____ ABA Routing #: _____

Effective immediately, I would like this automatic debit redirected to my new account with Community Bank as follows:

Account #: _____ ABA Routing #: ____091804723 _____

If you have any questions, please call me at the number listed below.

Primary Account Owner: _____

Address: _____

City, State, Zip:

Telephone:

Primary Account Owner Signature: _____ **Date:**

Member FDIC

Account Closing Request

Use this form to request that your account(s) be closed at your former bank and any remaining funds sent to you. Prior to closing your accounts, ask your former bank if there are any fees associated with closing your account. Also, remember to keep enough funds in your account until your last check has cleared. You can also visit your former bank to close out your accounts.

To:

This letter informs you that I/we would like to close the account(s) listed below. Please send a check to me at the address listed below for any remaining funds in the account(s).

Account Type	Account #	Account Owner Name(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pay to the order of:

C/O Community Bank
Together with all interest or dividends that may have become due on
above listed accounts.

Forward funds to: Community Bank of Cameron-Grantsburg-Siren
___ PO Box 457 Cameron WI 54822
___ PO Box 718 Grantsburg WI 54840
___ PO Box 405 Siren WI 54872

Please process this request immediately. If you have any questions regarding this request, please contact me at the phone number or address listed below.

Primary Account Holder: _____

Social Security Number: _____

Address:

City, State, Zip:

Telephone:

Primary Account Holder Signature: _____ Date: _____

Secondary Account Holder Signature: _____ Date: _____