



We want your experience with changing banks to be as simple as possible. Take advantage of this switch kit to help keep the process organized.

Switching is Easy!

Switching to Community Bank is easy with this 4-step process:

1. Open your new Community Bank account. We will help you choose the account that best fits your needs. Using the Deposit and Payment tracker provided, you will be able to easily move through the remaining steps.

Documents Needed to Open Your New Account

- Government issued photo ID (Driver's License or Passport)
- Social security number
- Previous month banking statement (optional – this will help us determine the best account for you and help identify any payments or deposits that will need to transition to your new account).

2. Change/set-up direct deposit. We can help you request your direct deposit be changed to your new account. You can also use our Direct Deposit Authorization Form to send to any agencies or employers. It is normal for agencies to take a month or more to complete your direct deposit change requests.

3. Change any automatic payments. We can work with you to identify any automatic withdrawals from your previous banking statement. Once you have established a list of companies you will need to contact, the process is easier to keep track of. You can use our Deposit and Payment Tracker to help organize the process. We have also created an Auto Payment Authorization Form for you to send to any companies who want your request to be in writing.

4. Close your old account(s). Once all your deposits and auto-payments have been successfully switched to your Community Bank account, you're ready to close your old account(s). The safest way to ensure you won't be charged additional fees and that the account is truly closed is to provide the Account Closing Request Form to your other financial institution.

Thank you for choosing Community Bank!



Direct Deposit Authorization

Prior to completing this authorization, check with your employer or company you receive a direct deposit from to ensure they do not have their own required form.

Company Information

Change New

Company Name: _____

Company Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

Individual Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

I am closing my:

Checking Account

Savings Account

Account Number: _____ at _____
(Previous Financial Institution)

located at _____
(Address)

I hereby authorize the transfer of my direct deposit to my new bank, Community Bank, and submit this letter as written authorization.

Please begin sending the deposit(s) directly to:

Community Bank

609 N Main St | Joseph, OR 97846 | ABA Routing Number 123203878

Deposit Instructions

Please deposit entire amount into checking account # _____

Please deposit \$_____ into savings account # _____
and the remainder to checking account # _____

I authorize the company listed above to initiate deposit of funds to my Community Bank account(s). This notice to remain in effect until I send written notice of change or cancellation.

Signed: _____

Date: _____

Print Name: _____



Automatic Payment Authorization Form

Prior to completing this form, check with the company you send an automatic payment to and ensure they do not require their own specific form.

Auto-Payment Authorization

Change New

Vendor/Payee Name: _____

Vendor Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Account Number with Vendor: _____

Customer Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Effective immediately, I/We authorize the above referenced vendor/payee to initiate entries to my new account number: _____ Checking Savings

Community Bank
609 N Main St | Joseph, OR 97846 | ABA Routing Number 123203878

This authorization will remain in effect until I notify Vendor to cancel request.

Signed: _____

Date: _____

Signed: _____

(If second signature is required)



Account Closing Request

Prior to completing this form check with your former financial institution to ensure they do not require you fill out their own specific form.

Customer Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Accounts (List account numbers and types you would like to close)

Account #: _____	Checking	Savings	Other
Account #: _____	Checking	Savings	Other
Account #: _____	Checking	Savings	Other
Account #: _____	Checking	Savings	Other

I/we hereby authorize the closure of the above listed account(s). Please mail any funds remaining in these accounts to:

Me, at the above address

Community Bank _____

(List your local branch address)

Account number to be referenced on check:

If applicable, please discontinue my Bill Pay and Online Banking Services

If applicable, please cancel my debit card

Signed: _____
(Signature of Primary Account Holder)

Date: _____

Prior to sending this form, please review your deposits and auto-payments to ensure they have been changed to your new Community Bank account.