

Joseph
541.432.9050

Enterprise
541.426.4511

Wallowa
541.886.9151

Elgin
541.437.1811

La Grande –
Downtown
541.962.7600

La Grande – Valley
541.963.3434

Union
541.562.1100

Baker City
541.524.7667

Pendleton –
Downtown
541.278.9000

Pendleton – Southgate
541.278.9515

Hermiston –
Downtown
541.567.0303

Hermiston –
North Hill
541.289.4480

Milton-Freewater
541.938.6361

Walla Walla -
Downtown
509.526.4020

Walla Walla – Eastgate
509.525.9860



Community
BANK

*Local Money Working
for Local People*

EZ Switch Kit: Checklist

We know that switching your account from one institution to another can be a time consuming process. That is why Community Bank brings you the **EZ Switch Kit**. Using the **EZ Switch Kit**, we can help make the transition into using your new Community Bank account quick and simple! Just follow the steps below:

1. **Switch your Direct Deposits** – Send our **Direct Deposit Request Form** to any direct deposit vendors that you may have including payroll from your employer, Social Security or other government deposits, CD interest payments, Child Support deposits, etc. *You will need to print one form for each company with which you have arrangements for direct deposits.*

2. **Switch your Automatic Payments** – Send our **Automatic Payment Request Form** to companies that you are paying through automatic payment/withdrawal. This will provide them with your new Community Bank checking account information. This may include payments such as Gas, Electric, Phone, Water, Cable/Satellite, Insurance, Mortgages, Child Support, Loans, Credit Cards, etc. *You will need to print one form for each company in which you have a payment for automatic withdrawal.*

3. **Close your old account** – Send our **Close Account Request Form** to the financial institution where you are closing your old checking account. Make sure all checks have cleared and there is no more activity on the account.

www.communitybanknet.com

Member FDIC



Equal Housing Lender

DIRECT DEPOSIT REQUEST FORM

Complete this section for your employer's direct deposit of your payroll check.

Payroll Direct Deposit Information			
Company Name		Employee ID (if applicable)/SSN (if needed)	
Company Address	City	State	Zip
Company Phone Number			

Complete this section for government payments, Child Support, etc.

Company Direct Deposit Information			
Name of Company			
Company Address	City	State	Zip
Company Phone	Social Security Local Number		

Please attach a voided Community Bank check for reference. You can obtain temporary checks from a Community Bank representative.

To Whom it May Concern:	
You are currently depositing my paycheck to the following account:	
Name of Previous Bank	
Previous Bank Routing Number	Previous Bank Account Number
Please change any pending and future deposits to my new account with Community Bank.	
123203878	
Community Bank Routing Number	Community Bank Account Number

Simply sign and pair with a voided check. Give both items to the institution that handles your direct deposits.

Thank you.	
Signature Here.	
Printed Name	Contact Phone Number
Address	City State Zip

AUTOMATIC PAYMENT REQUEST FORM

Please complete this section with the company's information that makes withdrawals from your account.

Company Information			
Company Name			
Company Address	City	State	Zip
Company Phone Number			

Please attach a voided Community Bank check for reference. You can obtain temporary checks from a Community Bank representative.

To Whom it May Concern:	
You are currently withdrawing	\$
For my loan, insurance, etc.	
Account Number:	
On Month/Day of withdrawal:	
From (Previous Bank Name)	
Previous Bank Routing Number	
Previous Bank Account Number	
Please stop making withdrawals from that account and instead make them from Community Bank.	
Community Bank	
Name of Current Bank	
123203878	
Community Bank Routing Number	Community Bank Account Number

Simply sign and pair with a voided check. Give both items to the company that withdraws from your account.

Thank you.			
Signature Here.			
Printed Name	Contact Phone Number		
Address	City	State	Zip

CLOSE ACCOUNT FORM

*Your previous
bank's information*

Financial Institution Information			
Financial Institution's Name			
Address	City	State	Zip

To Whom it May Concern:

Please close the accounts listed below:			
Checking Account Number			
Savings Account Number			
Please send a check for the remaining balance(s) to Community Bank.			
Community Bank Address	City	State	Zip

*Sign and deliver to
your previous bank.*

You're done!

Thank you.			
Signature Here.			
Printed Name	Contact Phone Number		
Address	City	State	Zip