



1,2,3 Switch!

NEW ACCOUNT CHECKLIST - CIRCLE ALL THAT APPLY:

- | | | |
|-----------------|-------------------------------|-----------------|
| Direct Deposits | Payroll and Government Checks | Payroll |
| Investments | Retirement Plans | Social Security |
| Other | E-Statement Customer | |

AUTOMATIC PAYMENTS:

- | | | | |
|--------------------------|----------------|-------------------|-----------------------|
| Home mortgage/rent | auto loans | home equity loans | student loans |
| Health insurance | life insurance | car insurance | credit cards |
| Water company | gas/electric | cable/satellite | online services |
| Telephone | cell phone | club memberships | investments/annuities |
| Charitable contributions | subscriptions | Other | |

NEW ACCOUNT NUMBER: _____

NEW ROUTING NUMBER: 073914369



Automatic Payments Worksheet

PAYEE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ACCOUNT NUMBER _____ DESCRIPTION _____

PHONE _____

PAYEE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ACCOUNT NUMBER _____ DESCRIPTION _____

PHONE _____

PAYEE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ACCOUNT NUMBER _____ DESCRIPTION _____

PHONE _____

PAYEE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ACCOUNT NUMBER _____ DESCRIPTION _____



Direct Deposit Authorization Form

PERSONAL INFORMATION

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK PHONE _____ HOME PHONE _____

EMPLOYEE ID _____

EMPLOYER NAME _____ EMPLOYER PHONE _____

OLD ACCOUNT INFORMATION

PREVIOUS ACCOUNT NUMBER _____ PREVIOUS BANK _____

ACCOUNT TYPE _____

AMOUNT/%OF PAY _____ OR \$ _____

NEW ACCOUNT INFORMATION

COMMUNITY BANK ACCOUNT NUMBER _____

ROUTING NUMBER: 073914369

EFFECTIVE DATE _____ ACCOUNT TYPE _____

AMOUNT/%OF PAY _____ OR \$ _____

SIGNATURE _____ DATE _____



Authorization form for release of information

THIS FORM ALLOWS A REPRESENTATIVE FROM COMMUNITY BANK TO SWITCH MY AUTOMATIC PAYMENTS AND DIRECT DEPOSITS TO MY NEW COMMUNITY BANK ACCOUNT.

CUSTOMER SIGNATURE: _____

DATE: _____