



DEPOSIT ACCOUNT SWITCH KIT

NEW ACCOUNT INFORMATION:

Account Holder Name: _____

Account Holder SSN: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Work or Cell: _____

Joint Account Holder Name: _____

Joint Account Holder SSN: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Work or Cell: _____

Type of Account: Personal Checking _____ Personal Savings _____
 Personal Money Market _____ Santa's Helper _____
 Piggy Bank _____

DEPOSIT ACCOUNT SWITCH KIT

DIRECT DEPOSIT CHANGE REQUEST

Date: _____

Company: _____

Address: _____

City, State, Zip: _____

To Whom It May Concern:

This letter serves as request to have my **direct deposit** transferred to my account with **Community First Bank**. My information is as follows:

Name: _____

SSN and/or Account Number: _____

My direct deposit is currently deposited to my account with:

Bank: _____

Account number: _____

ABA Routing number: _____

Please **redirect** my direct deposit to my account with **Community First Bank**:

Address: 201 West Sycamore Street, Kokomo, IN 46901

Account number: _____

ABA Routing number: 074914407

Sincerely,

Signature

DEPOSIT ACCOUNT SWITCH KIT

AUTOMATIC ACCOUNT PAYMENT/WITHDRAWAL REQUEST

Date: _____

Company: _____

Address: _____

City, State, Zip: _____

To Whom It May Concern:

This letter serves as a request to have my Automatic Account Payment/Withdrawal **transferred** to my account with **Community First Bank**. My information is as follows:

Name: _____

Account Number: _____

Automatic payment/withdraw from my account with: _____

Account Number: _____

ABA Routing Number: _____

Please **redirect** the Automatic Account Payment/Withdrawal to my account with **Community First Bank** as follows:

Community First Bank Address: 201 West Sycamore Street Kokomo, IN 46901

Account Number: _____

ABA Routing Number: 074914407

Sincerely,

Signature

DEPOSIT ACCOUNT SWITCH KIT

CLOSED ACCOUNT REQUEST

Date: _____

Bank Name: _____

Address: _____

City, State, Zip: _____

To Whom It May Concern:

This letter serves as a request to close account number _____.
Please send a check for the remaining balance to the address below:

Name: _____

Address: _____

City, State, Zip: _____

Sincerely,

Signature

SSN

Printed Name

Signature of Joint Account Holder

SSN

Printed Name

