

Switch Kit



MEMBER FDIC
www.GoCFB.bank

To switch to Citizens First Bank, simply complete the four convenient steps.

1. OPEN YOUR CITIZENS FIRST BANK CHECKING ACCOUNT

Ba\$ic Cash Reward\$ Plu\$ Reward\$ Intere\$t Reward\$

Would you like a Citizens First Bank Debit Card? Yes No

Are you interested in our Mobile Banking services? Online Mobile App Mobile Web Text No

ACCOUNT INFORMATION

Primary Account Holder

Joint Account Holder (if applicable)

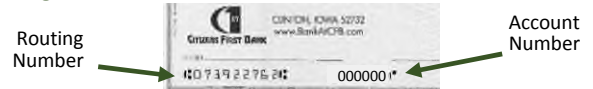
Last Name	First Name	M.I.	Last Name	First Name	M.I.
Present Street Address			Present Street Address		
City	State	Zip	City	State	Zip
Social Security #		Date of Birth	Social Security #		Date of Birth
E-Mail Address		Mother's Maiden Name	E-Mail Address		Mother's Maiden Name
Home Phone		Mobile Phone	Home Phone		Mobile Phone
Driver's License #		Issuing State	Driver's License #		Issuing State
Employer		Length of Employment	Employer		Length of Employment
Employer Address			Employer Address		
Employer City	State	Zip	Employer City	State	Zip
Name, Address and Phone number of someone who will always know your location:			Name, Address and Phone number of someone who will always know your location:		
Name		Address	Name		Address
City	State	Zip	City	State	Zip
Home Phone		Mobile Phone	Home Phone		Mobile Phone
If your current residence is less than 5 years please provide previous			If your current residence is less than 5 years please provide previous address:		
Street Address			Street Address		
City	State	Zip	City	State	Zip

PLEASE READ THIS STATEMENT BEFORE SIGNING! All the information I have given in this form is true and correct. I request that the paperwork necessary to open the account(s) indicated within this form be prepared. I understand that my signature(s) and opening deposit(s) will be required at a future date. I understand that bank approval standards apply. I agree to provide one or more forms of identification. If more than one person signs below, I understand that this statement applies to both persons.

Signature of Primary Account Holder

Signature of Joint Account Holder (if applicable)

Routing numbers and account numbers:



Phone: 563-243-6000
Toll Free: 877-902-1442
Fax: 563-243-9747

Citizens First Bank
1442 Lincoln Way
Clinton IA 52732

Citizens First Bank
1329 N 2nd St
Clinton IA 52732

Citizens First Bank
403 S Washington Blvd
Camanche IA 52730

Lobby: Mon – Fri 8:30am – 4:30pm / Sat 8:30am – noon • **Drive-up:** Mon – Fri 7:30am – 5:30pm / Sat 8:00am - noon

2. CHANGE YOUR DIRECT DEPOSITS

Complete this page and submit to any company or organization who is automatically depositing funds to your existing checking account (payroll, pension, social security dividends...).

To:

Company
Name: _____

Address: _____
City, State,
Zip: _____

To Whom It May Concern:

I've recently changed my accounts to Citizens First Bank. Please redirect my direct deposit into my new account, as follows:

Last Name

First Name

M.I.

Present Street Address

City

State

Zip

Social Security #

New Bank Name

Citizens First Bank

New Bank Routing Number

073922762

New Bank Account Number

Account Type:

Checking Savings Loan Payment

I hereby authorize to have my direct deposit switched to my account with Citizens First Bank.

Signature: _____

Date: _____

For **Social Security Direct Deposits**, we can assist you with calling the Social Security Administration Direct Deposits Department at 1-800-772-1213 or signing up online at [222.ssa.gov/deposit/](https://www.ssa.gov/deposit/).

3. CHANGE YOUR AUTOMATIC PAYMENTS

Complete this page and submit to any company or organization who is automatically withdrawing payments from your existing checking account (mortgage, insurance, electric service, gas, tv service, phone, internet...).

To:

Company Name: _____

Address: _____

City, State, Zip: _____

Account/Policy #: _____

My current payment amount is: \$ _____

I am currently paying the Total Amount due

To Whom It May Concern:

I hereby authorize to change my automatic payments to the company listed below to come from my account at Citizens First Bank effective ____/____/____.

Your Last Name

Your First Name

M.I.

Your Present Address

City

State

Zip

Social Security #

New Bank Name

Citizens First Bank

New Bank Routing Number

073922762

New Bank Account Number

Account Type:

Checking

Savings

Signature:

Date: _____

4. CLOSE YOUR OLD ACCOUNTS

Complete this page and submit to your previous bank or credit union. Make sure all checks have cleared. Note: IRA (Individual Retirement Accounts) require additional paperwork for tax purposes.

To:

Financial Institution: _____

Address: _____

City, State, Zip: _____

From:

Primary Account Holder: _____

Social Security Number: _____

Secondary Account Holder: _____

I hereby authorize your institution to close the following accounts:

Account # _____ Account Type: Checking Savings Other: _____

Account # _____ Account Type: Checking Savings Other: _____

Account # _____ Account Type: Checking Savings Other: _____

Please send a check for the remaining balance, together with all accrued interest or dividends, to:

Citizens First Bank _____

Attention: _____

1442 Lincoln Way, Clinton, IA 52732

Primary Account Holder Signature: _____

Secondary Account Holder Signature: _____

Myself Address for check: _____

Date: _____