

# BUSINESS ACCOUNT SWITCH KIT

To Whom It May Concern:

**Prior Bank Information**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Bank Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Bank Phone

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Effective immediately, please close the following account.

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Name

\_\_\_\_\_  
Account Holder/Authorized Signer

**Business Information:**

Please forward any remaining funds in the account by check to the following address.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City State Zip

Remit questions and/or concerns to the primary account holder/authorized signer. Phone numbers below.

\_\_\_\_\_  
Business Phone Cell Phone

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Thank you for your assistance regarding this request.

\_\_\_\_\_  
Account Holder Signature/Authorized Signer Date

\_\_\_\_\_  
Additional Account Holder/Authorized Signer (if applicable) Date

*Please note, this form will need to be mailed to your prior bank in order to have your account closed.*

Business Name

Individual Account  Joint Account

Street Address

City

State

Zip

Mailing Address (If Different)

City

State

Zip

Business Phone

Federal Tax Identification Number

E-mail Address

**Please check one of the following:**

- Visa Check Card  Wire Transfer  Treasury Services  
 Check Order  Online Banking  
 Safe Deposit Box (if applicable)  Online Bill Pay

**Checking Accounts**

- View  Horizon Interest  
 Horizon

**Money Market Accounts**

- Money Market

**Certificate of Deposit**

- CD

Please note, the information you provide will need to be verified in one of our branches before the account can be approved and opened.

You will also need to provide the following documentation based on your business type:

- All businesses - Proof of Employer Tax Identification Number
- Corporation - Articles of Incorporation or Certificate of Formation
- Partnership - Partnership Agreement
- LLC - Articles of Incorporation or Certificate of Formation and Company Agreement
- Trust - Trust Agreement
- Estate - Death Certificate and Letters of Testamentary or Administration

You will need **two** forms of ID, one must be from the primary ID list below:

## PRIMARY IDENTIFICATION (MUST BE CURRENT)



- State Issued Photo ID or Driver's License
- Passport or Passport Card (If Foreign, must obtain a current state issued ID as well)
- U.S. Alien Registration
- Foreign Visa
- U.S. Military ID
- TX Concealed Handgun License / TX License to Carry (Texas Only)

## SECONDARY IDENTIFICATION



- Property tax bill
- Insurance card
- Social security card
- Utility bill
- Voter registration card
- Student identification card
- Credit card

Please note, each authorized signer on the account must fill out the Client Profile information below.

Name				
Street Address		City	State	Zip
Mailing Address (If Different)		City	State	Zip
Cell Phone		Work Phone	Date of Birth	
Social Security Number	Drivers License Number	State	Issue Date	Exp. Date
Email Address		Current Employer	<input type="checkbox"/> Yes <input type="checkbox"/> No Self Employed	
Work Address (Street, City, State, Zip)			Type of Business	
Occupation		Title (Optional)	Start Date	

Name				
Street Address		City	State	Zip
Mailing Address (If Different)		City	State	Zip
Cell Phone		Work Phone	Date of Birth	
Social Security Number	Drivers License Number	State	Issue Date	Exp. Date
Email Address		Current Employer	<input type="checkbox"/> Yes <input type="checkbox"/> No Self Employed	
Work Address (Street, City, State, Zip)			Type of Business	
Occupation		Title (Optional)	Start Date	

Effective May of 2018, we are required to collect the below information on **all** individuals owning 25% or more of the Legal Entity and **one** individual with significant responsibility for managing the Legal Entity. If the Legal Entity is owned by another entity, please speak to a Vista Bank representative for help determining ownership.

Please note, the information you provide will need to be verified in one of our branches before the account can be approved and opened. All signers on the account must complete the information below.

Beneficial Owner's Name: \_\_\_\_\_

Percentage of Ownership of Legal Entity: \_\_\_\_\_

Driver's License Number, or Other Identifying Document (**Must Include Copy**): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number (**Must Include Copy**): \_\_\_\_\_

Physical Address (No P.O. Box): \_\_\_\_\_

Secondary Form of Identification: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

Beneficial Owner's Name: \_\_\_\_\_

Percentage of Ownership of Legal Entity: \_\_\_\_\_

Driver's License Number, or Other Identifying Document (**Must Include Copy**): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number (**Must Include Copy**): \_\_\_\_\_

Physical Address (No P.O. Box): \_\_\_\_\_

Secondary Form of Identification: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

Beneficial Owner's Name: \_\_\_\_\_

Percentage of Ownership of Legal Entity: \_\_\_\_\_

Driver's License Number, or Other Identifying Document (**Must Include Copy**): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number (**Must Include Copy**): \_\_\_\_\_

Physical Address (No P.O. Box): \_\_\_\_\_

Secondary Form of Identification: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

Beneficial Owner's Name: \_\_\_\_\_

Percentage of Ownership of Legal Entity: \_\_\_\_\_

Driver's License Number, or Other Identifying Document (**Must Include Copy**): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number (**Must Include Copy**): \_\_\_\_\_

Physical Address (No P.O. Box): \_\_\_\_\_

Secondary Form of Identification: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

**Individual with Control's Name:** \_\_\_\_\_

Driver's License Number, or Other Identifying Document (**Must Include Copy**): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number (**Must Include Copy**): \_\_\_\_\_

Physical Address (No P.O. Box): \_\_\_\_\_

Secondary Form of Identification: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

To Whom It May Concern:

**Business Information:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Business Phone

Please establish the following for the client above.

Create a New Automatic Payment

Change My Current Automatic Payment

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**Bill Payment Information:**

\_\_\_\_\_  
Name Of Business or Vendor Account Number with Payee

Please Debit My Vista Bank Checking Account

Please Charge My Vista Bank Check Card

\_\_\_\_\_  
111314575  
Routing Number

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Checking Account Number  
*Attach a voided check or deposit slip below.*

\_\_\_\_\_  
Expiration Date

**Authorization:**

I authorize \_\_\_\_\_ (payee) to initiate payments from my Vista Bank account as indicated above and to make adjustments for any debit made in error if necessary. This authority will remain in effect until I have given written notice to terminate this service.

\_\_\_\_\_  
Signature Date

**TO HAVE YOUR ACCOUNT DEBITED,  
PLACE A VOIDED CHECK HERE.**

*Please note, when form is completed it needs to be mailed to business or vendor, whom you are instructing to make payment electronically from your account.*

## Vista Bank

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Branch Address

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City State Zip

Send Wire to: The Bankers Bank

Routing/ ABA Number: 1030 0361 6

For Credit of: Vista Bank

Account Number: 111314575

## For Further Credit: Customer Name and Visa Bank Account

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Account Number:

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Account Name

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Business Address

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City State Zip

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Business Phone

Work Phone

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Wire Amount

Special Instructions