

PERSONAL ACCOUNT SWITCH KIT

To Whom It May Concern:

Prior Bank Information

Name

Bank Address

City State Zip

Bank Phone

Effective immediately, please close the following account.

Account Number

Primary Account Holder

Joint Account Holder

Personal Information:

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

Name

Home Address

City State Zip

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

Home Phone Work Phone

Thank you for your assistance regarding this request.

Primary Account Holder Signature Date

Joint Account Holder Signature (if applicable) Date

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

Name _____ Individual Account Joint Account

Street Address _____ City _____ State _____ Zip _____

Mailing Address (If Different) _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Date of Birth _____

Social Security Number _____ Drivers License Number _____ State _____ Issue Date _____ Exp. Date _____

E-mail Address _____

Yes No

Current Employer _____ Self Employed _____

Work Address (Street, City, State, Zip) _____ Type of Business _____

Occupation _____ Title (Optional) _____ Start Date _____

If Joint Account, please complete the following.

Name _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (If Different) _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Date of Birth _____

Social Security Number _____ Drivers License Number _____ State _____ Issue Date _____ Exp. Date _____

E-mail Address _____

Yes No

Current Employer _____ Self Employed _____

Work Address (Street, City, State, Zip) _____ Type of Business _____

Occupation _____ Title (Optional) _____ Start Date _____

Please check one of the following:

Individual

Payable-On-Death

UTMA/UGMA

Joint With Right of Survivorship

In Trust For (Totten Trust)

Revocable Trust

Other Services

Visa Check Card

Check Order

Safe Deposit Box (if applicable)

Wire Transfer

Online Banking

Online Bill Pay

Checking Accounts

View Vista

Horizon Vista Smart

Saving/Money Market Accounts

Personal Savings

Youth Savings

Money Market

Certificate of Deposit

CD

IRA

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

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 Self Employed Yes No

Work Address (Street, City, State, Zip) Type of Business

Occupation Title (Optional) Start Date

Notes:

To Whom It May Concern:

Personal Information:

Name

Home Address

City State Zip

Home Phone Work Phone

Please establish the following for the client above.

Create a New Automatic Payment

Change My Current Automatic Payment

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.

Name of Company Making Direct Deposit

Address

City

State

Zip

To Whom It May Concern:

I would like to establish a direct deposit of my income into my Vista Bank account as instructed below.

Please: Create A New Direct Deposit Change My Current Direct Deposit

Personal Information:

Name

Home Address

City

State

Zip

Home Phone

Work Phone

Vista Bank Checking Account Information:

Bank Name: Vista Bank

Routing Number: 111314575

Account Number: _____

Authorization:

I authorize _____(company) to make deposits directly to my Vista Bank account as indicated above and to make any adjustments for credit made in error to my account as necessary. This authority will remain in effect until I have given written notice to terminate this service.

Signature

Date

**TO HAVE YOUR ACCOUNT CREDITED,
PLACE A VOIDED CHECK OR DEPOSIT SLIP HERE.**

Vista Bank

Branch Address

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

Account Number:

Name

Home Address

City State Zip

Home Phone

Work Phone

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Wire Amount

Special Instructions
