

> vistabank.com

PERSONAL ACCOUNT SWITCH KIT

MEMBER FDIC 🚖 EQUAL HOUSING LENDER



To Whom It May Concern:

Prior Bank Information

Name			
Bank Address			
City	State	Zip	
Bank Phone			
Effective immediately, please clo	ose the following account.		
Account Number			
Primary Account Holder			
Joint Account Holder			
Personal Information: Please forward any remaining fu	unds in the account by check to the	following address.	
Name			
Home Address			
City	State	Zip	
Remit questions and/or concerr	ns to the primary account holder. Ph	one numbers below.	
Home Phone		Work Phone	
Thank you for your assistance re	egarding this request.		
Primary Account Holder Signature	2	Date	
Joint Account Holder Signature (i	f applicable)	Date	

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





			Indivi	dual Account 📃 Joint Accour
Name				
treet Address	City		State	Zip
Nailing Address (If Different)	City		State	Zip
lome Phone	Work Phone		Date of Birth	
ocial Security Number	Drivers License Number	State	Issue Date	Exp. Date
-mail Address				
urrent Employer	Yes No Self Employed			
/ork Address (Street, City, State, Z	ip)		Type of B	usiness
Occupation	Title (Optional))	Start Date	2
Joint Account, please complete	the following.			
ame				
treet Address	City		State	Zip
ailing Address (If Different)	City		State	Zip
ome Phone	Work Phone		Date of Birth	
ocial Security Number	Drivers License Number	State	Issue Date	Exp. Date
-mail Address				
urrent Employer	Ves No Self Employed			
/ork Address (Street, City, State, Z	ip)		Type of B	usiness
Occupation	Title (Optional))	Start Date	2
lease check one of the following:			Other Services	
] Individual	Joint With Right of Survivors	ship	Visa Check Card	Wire Transfer
] Payable-On-Death	In Trust For (Totten Trust)		Check Order	Online Banking
] UTMA/UGMA	Revocable Trust		Safe Deposit Box (if applicable)	Online Bill Pay
hecking Accounts	Saving/Money Market Accour	nts	Certificate of Deposit	
View Vista	Personal Savings			
Horizon Vista Smart	Youth Savings		☐ IRA	

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

Money Market



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

PRIMARY IDENTIFICATION (MUST BE CURRENT)

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- 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

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- 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 Pho	pne	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 Busine	ss	
Occupation	Title (Optional)		Start Date		
Notes:					



To Whom It May Concern: Personal Information:

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Name		
Home Address		
City	State	Zip
Home Phone		Work Phone
Please establis	h the following for the client above.	
C	reate a New Automatic Payment	Change My Current Automatic Payment
Bill Payment	Information:	
Name Of Busin	ess or Vendor	Account Number with Payee
Please De	bit My Vista Bank Checking Account	Please Charge My Vista Bank Check Card
<u>111314575</u> Routing Nur		Card Number
	ccount Number	Expiration Date
Attach a voi	ded check or deposit slip below.	
Authorizatio		
		(payee) to initiate payments from my Vista for any debit made in error if necessary. This authority minate this service.
Signature		Date
		ACCOUNT DEBITED, DED 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.

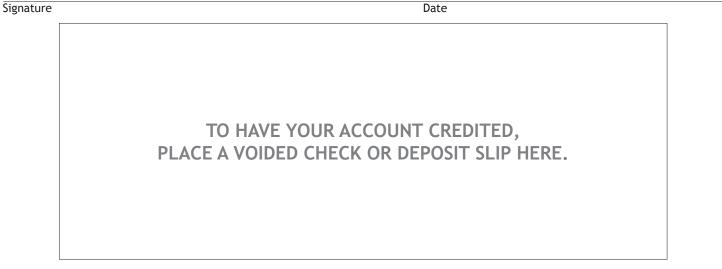


Name of Company Making Direct Deposit Address City State Zip To Whom It May Concern: I would like to establish a direct deposit of my income into my Vista Bank account as instructed below. Create A New Direct Deposit Change My Current Direct Deposit Please: Personal Information: Name Home Address City State Zip Home Phone Work Phone Vista Bank Checking Account Information: Bank Name: Vista Bank **Routing Number:** 111314575

Authorization:

Account Number:

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.





Vista Bank

Branch Address		
City	State	Zip
Send Wire to: Th	ne Bankers Bank	
Routing/ ABA N	Number: 1030 0361 6	
For Credit of: Vis	sta Bank	
Account Numbe	er: 111314575	
For Further C	redit: Customer Name	and Visa Bank Account
Account Number:	:	
Name		
Home Address		
City		State
Home Phone		
\$		
Wire Amount		

Special Instructions