

BUSINESS ACCOUNT SWITCH KIT



CLOSE PRIOR BUSINESS ACCOUNT



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

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

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.

NEW BUSINESS ACCOUNT



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
- U.S Visa or U.S. Border Crossing Visa
- U.S. Military ID
- Texas Concealed Handgun License (TX only)
- Native American Tribal ID

SECONDARY IDENTIFICATION



- Foreign Passport
- Insurance Card
- Medicare/Medicaid Card
- Student Identification Card
- Social Security Card
- Credit Card
- Utility Bill
- U.S. Voter Registration Card
- Original or Certified U.S. Birth Certificate

CLIENT PROFILE



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

Yes No

Email Address Current Employer 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

Yes No

Email Address Current Employer Self Employed

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

Occupation Title (Optional) Start Date

BENEFICIAL OWNERSHIP PROFILE



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: _____

AUTOMATIC BILL PAY



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

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

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:

Account Name

Business Address

City State Zip

Business Phone

Work Phone

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Wire Amount

Special Instructions