



PERSONAL ACCOUNT SWITCH KIT

CLOSE PRIOR PERSONAL 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

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.

PERSONAL NEW ACCOUNT



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
- Joint With Right of Survivorship
- Payable-On-Death
- In Trust For (Totten Trust)
- UTMA/UGMA
- 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
- 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

AUTOMATIC BILL PAY



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.

MEMBER FDIC  EQUAL HOUSING LENDER

DIRECT DEPOSIT



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.

WIRING INSTRUCTIONS



Vista Bank

A DIVISION OF NBH BANK

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

\$

Wire Amount

Special Instructions