

We make switching easy for you!

Account Switch Kit



City Bank
NEW MEXICO

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PERSONAL CUSTOMER INFORMATION

Due to the terrorist attack which took place in our country on 9/11/01, (911) the federal government regulations have changed the manner in which ALL financial institutions do business. Many personal questions must now be answered PRIOR to opening an account of any type. The information received from you is very confidential and will be treated with a great deal of respect by all City Bank employees. In addition, this information will assist us in doing a better job for you our valued customer. We appreciate your cooperation to meet these regulation requirements.

We do apologize for any inconvenience this may have caused you but because of your cooperation, we all have a part in helping to keep our country free from terrorist attacks.

Account Owner and/or Authorized Signer Information:

First Name _____ MI _____ Last Name _____
(Must be full legal name)

Physical Address _____
(Please note: PO Box holders must furnish physical address as well as mailing address)

Mailing Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____

Foreign Address (If Applicable) _____

Social Security # _____ Date of Birth _____

Home Phone # _____ Cell Phone # _____ Email _____

Driver's License Number _____ Issuing State _____ Exp Date _____

Employment Status *(Check One)*

Employed Unemployed Retired Homemaker Disabled Self-Employed Student over age of 16 Under age of 16

Occupation _____

Required: If Retired, list previous occupation: _____
(Please note: Federal regulation requires that City Bank have on file verification of customer's identification. Please attach a photocopy of driver's license, passport or other government issued picture identification.)

Yes No Are you a citizen of a Foreign Country? *(Check one)* Passport VISA Alien

Registration Number of Passport/VISA, Alien Registration _____

What is your country of birth? _____

What foreign country are you a citizen of? _____

Yes No Are you located within a 100 mile radius of the branch?

If No, What brought you to City Bank? _____
(Work, Student, Relocation)

If Student, what school do you attend? _____

Yes No Are you a senior foreign political figure or a family member or associate of a senior foreign political person?

If Yes, What is the name and position held? _____

In what country does the customer hold their position? _____

EMERGENCY CONTACT PERSON:

Name _____ Email _____

Address _____ Phone # _____

City _____ State _____ Zip _____



Total Monthly Averages	< \$1,000	\$1,001 - \$5,000	> \$5,001	<2	3-5	>6
Cash Deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash Withdrawals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACH Deposits (Drafts/Direct Deposits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACH Withdrawals (Auto Debit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What Country? _____						

ACCOUNT INFORMATION

Ownership of Account

Personal Accounts

- Single Party, without payable on death designation
- Single Party, with payable on death designation
- Joint with Survivorship (upon death of one party, ownership passes to surviving party)
- Joint with Survivorship and payable on death designation (upon death of one party, ownership passes to surviving party and upon death of both parties account is paid to beneficiary)
- Joint without Survivorship (upon death of one party, ownership passes to party's estate)

Name(s) of Beneficiaries

- 1) _____ 2) _____
3) _____ 4) _____

Check one or more of the accounts below for which you wish to apply.

- Free Checking
- Interest Checking
- Reward Checking
- Regular Checking
- Club Account
- Health Saving Account
- Savings
- 55+ Club

Check one or more of the services below to request an application

- ATM Card
- MasterMoney Debit Card
- On-Line Banking
- On-Line Banking with Bill Pay

Would you be interested in additional information about our other banking services?

- Loans (Student, Consumer, Commercial, Agriculture, Real Estate)
- Mortgage Loans (FHA, Veterans, Conventional)
- Investments (Stocks, Bonds, Mutual Funds)
- Insurance (Life, Health, Car, Crop)
- Other Banking Services (Credit Cards, Safe Deposit Box, CD's, ODP)

Deposit Information

Amount of Deposit \$ _____

- I would like to order free checks for this account.
- I do not wish to order checks for this account
- I would like to order designer checks for this account.

- Style- Cash Check Transfer
- Brown EXCMF Blue C3CBTB Flag C3CBTF
- Style- _____

City Bank Use:

Employee Name _____

Date Verified _____

Branch _____ Risk Rating Low Medium High

NAICS # _____ Letter _____ Coupon _____

Direct Deposit Form

Use this form to set up or transfer recurring direct deposits to your City Bank account. Recurring direct deposits include regularly scheduled paychecks or other income from retirement plans, investments, pension plans, etc.. After completing this form, attach either a preprinted voided check or preprinted deposit slip from your new City Bank account to this form and submit it to your employer or other income source for processing.

Be sure to:

- Check with your employer or the other income source to ensure that no other forms are required to process your request.
- Keep your account at your previous bank open until you confirm that your direct deposit has been redirected to your new City Bank account.
- Contact your employer or other income source to inquire about the delay if your deposit has not been redirected after three pay periods.

Instructions for Employer / Other Income Source

I would like my income automatically deposited into my City Bank account as instructed below:

Please: Establish Direct Deposit Change Account Used for Direct Deposit

Employer/Company Name

Employer/Company Address

City

State

Zip

Personal Information

Last Name

First Name

Middle

Street Address

Apt. #

City

State

Zip

Home Phone

Work Phone

City Bank Account Information

Direct my payment to this City Bank account:

Checking

Savings

Money Market

112206860

City Bank Routing #

City Bank Account #

Authorization

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



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Signature

Date

Debit Card Automatic Payment

Complete this form to set up a new automatic payment from your City Bank Debit Card or to transfer an existing payment from another card to your City Bank Debit Card.

Be sure to:

- Check with the payee to confirm that card payments are accepted.
- Keep your account at your previous bank open until you confirm that your automatic payment has been deducted from your new City Bank account.
- Verify that your request has been processed by the payee by checking your City Bank statements.
- Contact the payee if the automatic payment has not been deducted from your City Bank account after three billing cycles.

Instructions for Payee

Please automatically debit my City Bank Debit Card as instructed below:

Establish Automatic Payment or Change Debit Card Used for Payment

Payee/Company Name

Your Account Number with Payee

Monthly Payment Amount

Payment Amount Varies

Personal Information

Last Name

First Name

Middle

Street Address

Apt. #

City

State

Zip

City Bank Debit Card Information

Effective immediately, please use the card information below for processing my automatic payments.

City Bank Debit Card #

Exp. Date

Authorization

I authorize _____ (employer/company) to initiate payments from my City Bank account using my debit card indicated above, and to make adjustments for any debit made in error to my account if necessary. This authority will remain in effect until I have given written notice to terminate this service.

Signature

Date



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Checking Automatic Payment

Complete this form to set up a new automatic payment from your City Bank checking account, or to transfer an automatic payment from your previous bank to your new City Bank checking account. After completing this form, attach either a preprinted voided check or preprinted deposit slip from your new City Bank account to this form and submit it to the company you wish to pay.

Be sure to:

- Contact the company you wish to pay to confirm that automatic payments are accepted if you are setting up an automatic payment for the first time.
- Keep your account at your previous bank open until you confirm that your automatic payment has been deducted from your new City Bank account.
- Contact the payee if the automatic payment has not been deducted from your City Bank account after three billing cycles.

Instructions for Payee

Please automatically debit my City Bank account as instructed below:

Establish Automatic Payment or Change Account Used for Payment

Payee/Company Name

Your Account Number with Payee

Monthly Payment Amount

Payment Amount Varies

Personal Information

Last Name

First Name

Middle

Street Address

Apt. #

City

State

Zip

City Bank Account Information

Effective immediately, deduct my recurring payments from the following City Bank account.

112206860

City Bank Routing #

City Bank Account #

Authorization

I authorize _____ (employer/company) to initiate payments from my City Bank account indicated above, and to make adjustments for any debit made in error to my account if necessary. This authority will remain in effect until I have given written notice to terminate this service.

Signature

Date



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Close Account Request

To Whom It May Concern,

Effective immediately, please close the account(s) listed below. Please process and forward any remaining funds in the account(s) by check to the address indicated.

The following account(s) should be closed:

Checking #

Account Owner Name(s)

Savings #

Account Owner Name(s)

Money Market #

Account Owner Name(s)

Other Account #

Account Owner Name(s)

If you have any questions regarding this request, please contact:

Account Owner Name

Mailing Address

City

State

Zip

Phone Number (Day)

or

Account Owner Name

Mailing Address

City

State

Zip

Phone Number (Day)

Thank you for your assistance in completing this request.

Sincerely,

Signature

Date

Signature

Date



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