

Deposit Account Switch Kit

New Account Information

Account Holder Name: _____

Account Holder SSN: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Work or Cell: _____

Joint Account Holder Name: _____

Account Holder SSN: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Work or Cell: _____

Type of Account:

Personal Checking _____

Personal Savings _____

Personal Money Market _____

Santa's Helper _____

Piggy Bank _____



Deposit Account Switch Kit

Direct Deposit Change Request

Date: _____

Company: _____

Address: _____

City, State, Zip: _____

To Whom It May Concern:

This letter serves as request to have my direct deposit transferred to my account with Community First Bank. My information is as follows:

Name: _____

SSN and/or Account Number: _____

My direct deposit is currently deposited to my account with:

Bank: _____

Account number: _____

ABA Routing number: _____

Please redirect my direct deposit to my account with Community First Bank:

Address: 201 West Sycamore Street, Kokomo, IN 46901

Account number: _____

ABA Routing number: 074914407

Sincerely,



Deposit Account Switch Kit

Automatic Account Payment/Withdrawal Request

Date: _____

Company: _____

Address: _____

City, State, Zip: _____

To Whom It May Concern:

This letter serves as a request to have my Automatic Account Payment/Withdrawal transferred to my account with Community First Bank. My information is as follows:

Name: _____

Account Number: _____

Automatic payment/withdraw from my account with: _____

Account Number: _____

ABA Routing Number: _____

Please redirect the Automatic Account Payment/Withdrawal to my account with Community First Bank as follows:
Community First Bank 201 West Sycamore Street Kokomo, IN 46901

Account Number: _____

ABA Routing Number: 074914407

Sincerely,

Signature

Member FDIC

Deposit Account Switch Kit

Closed Account Request

Date: _____

Bank Name: _____

Address: _____

City, State, Zip: _____

To Whom It May Concern:

This letter serves as a request to close account number _____

Please send a check for the remaining balance to the address below:

Name: _____

Address: _____

City, State, Zip: _____

Sincerely,

Signature SSN

Printed Name

Signature of Joint Account Holder SSN

Printed Name