ACCOUNT SWITCH KIT

We make it easy for you to switch.

City Bank

Equal Housing Lender **Member FDIC** ©2015 City Bank.

City Bank

NEW CUSTOMER APPLICATION

CIF # _____

Date _____

Branch # _____

Employee Name _____

FOR BANK USE ONLY

To help the government fight the funding of terrorism and money laundering services, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. WHAT THIS MEANS FOR YOU: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents. The information received from you is very confidential and will be treated with a great deal of respect from all employees of City Bank.

Personal Information

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

Social Security # _____ Date of Birth _____

Home Phone # _____ Cell Phone # _____

Business Phone # _____ Email _____

○ Driver's License ○ ID ○ Concealed Handgun License *(Texas Only)* DL/ID # _____ Issuing State ____ Exp. Date _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____
(If different)

Foreign Address _____ City _____ Country _____ Postal Code _____
(If applicable)

Employer _____ Occupation _____
(If retired or self-employed, please list previous occupation)

Employment Status *(check one)*

○ Employed ○ Unemployed ○ Retired ○ Homemaker ○ Disabled ○ Student over age of 16 ○ Under age of 16

Please note: Account will not be opened if we are not able to verify your identity or any of the information provided. 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

Registration number of passport/visa/alien registration _____

Country of birth _____

Country of citizenship _____

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◯ Yes ◯ No Are you located within a 100 mile radius of a City Bank 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? _____

Account Information

Personal Accounts

◯ Single Party, without payable on death designation

◯ Single Party, with payable on death designation

◯ Multiple Party with Survivorship (upon death of one party, ownership passes to surviving party)

◯ Multiple Party 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)

◯ Multiple Party without Survivorship (upon death of one party, ownership passes to party's estate)

◯ Convenience Account – TX only

Name(s) of Beneficiaries

1 _____ 2 _____

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

☐ Reward/Reward Plus Checking ☐ RPM/RPM Plus Checking ☐ Simple Checking

☐ Money Market Checking ☐ Health Savings Account ☐ Savings Account

☐ Signer on Business Account (If checked, do not proceed) ☐ CD/IRA

Check one or more of the services below, if interested:

☐ MasterMoney Debit Card ☐ Occasional Overdraft Privelege(OOPs)

☐ Sweep ◯ Opt In ◯ Opt Out

If you are interested in any of the services below, please contact a Customer Service Representative for instructions on how to self-enroll.

· E-statements · Online Banking · BNK N GO Text Alerts

· Mobile App · Online Banking with Bill Pay

Check below if you are interested in additional information about our other services:

☐ Loans (Student, Consumer, Commercial, Agriculture, Real Estate)

☐ Mortgage Loans (FHA, Veterans, Conventional)

☐ Investments (Stocks, Bonds, Mutual Funds)

☐ Other Banking Services (Safe Deposit Box, CD's)

☐ Overdraft Line of Credit

Deposit Information

Amount of Deposit _____ ○ Cash ○ Check ○ Transfer

☐ I would like to order free checks for this account. Style: ○ Chevron *C3MJ* ○ Windmill *C3CBTB* ○ Flag *C3CBTJ*

☐ I do not wish to order checks for this account.

☐ I would like to order designer checks for this account. Style: _____

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 _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

City Bank Account Information

Direct my payment to this City Bank account:

○ Checking ○ Savings ○ Money Market

City Bank Routing Number 111301737 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.

City Bank

_____ _____

Signature Date

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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 account.

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 Card as instructed below:

Please: ○ Establish automatic payment ○ 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 _____ City _____ State _____ Zip _____

City Bank Account Information

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

City Bank Debit Card # _____ Exp Date _____ / _____

Authorization

I authorize _____ (payee/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.

City Bank

_____ _____

Signature Date

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CHECKING ACCOUNT 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:

· Check with the payee 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.
· 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 account as instructed below:

Please: ○ Establish automatic payment ○ 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 _____ City _____ State _____ Zip _____

City Bank Account Information

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

City Bank Routing Number 111301737 City Bank Account # _____

Authorization

I authorize _____ (payee/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.

City Bank

_____ _____

Signature Date

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CLOSE ACCOUNT REQUEST

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 _____

Savings # _____ Account Owner Name _____

Money Market # _____ Account Owner Name _____

Other Account # _____ Account Owner Name _____

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

Account Owner Name _____

Mailing Address _____ City _____ State ____ Zip _____

Phone Number _____

OR

Account Owner Name _____

Mailing Address _____ City _____ State ____ Zip _____

Phone Number _____

_____ _____

Signature Date

_____ _____

Signature Date