### **Switch to Jefferson Bank**

### **Account Application**

Individual Account Holder	Joint Account Holder
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
Email Address:	Email Address
Driver's License Number, State, Expiration Date	Driver's License Number, State, Expiration Date
SSN	SSN
Date of Birth	Date of Birth
Employer	Employer
Occupation	Occupation

To complete account opening, please print and bring this information with you to any of Jefferson Bank's locations.

Additional forms will need to be signed in person by both the primary and joint account holder.

You will need to bring your valid driver's license, passport, or military I.D., plus additional forms of identification.



### **Switch to Jefferson Bank**

## **Authorization to Change Direct Deposit**

Company Name		Attn:		
Company Address		City, State, Zip		
From		Employee SSN		
Employee I.D		Department NameCity, State, Zip		
Current Direct Deposit				
Current Direct Deposit Old Financial Institutions	Account Number	Routing Number	Amount	
	Account Number	Routing Number	Amount	
	Account Number	Routing Number	Amount	
Old Financial Institutions		Routing Number	Amount	
Old Financial Institutions  Redirect my direct deposit to		Routing Number  Routing Number	Amount	
	):			
Old Financial Institutions  Redirect my direct deposit to	):	Routing Number		
Old Financial Institutions  Redirect my direct deposit to	):	Routing Number 086501578		
Old Financial Institutions  Redirect my direct deposit to	):	Routing Number 086501578		



### **Switch to Jefferson Bank**

## **Account Closing Form**

	Ctata		Please forward fun	ds according to	closing date to:
ityState rom: rimary Account Holder's Name rimary Social Security Number econdary Account Holder's Name ddress			Attn: c/o PO Box 600	Jefferson Bank of Missouri Attn: c/o PO Box 600 Jefferson City, Mo 65102	
City	State	Zip			
	Please close the following a	Accounts	Check here to ber* send paymen immediately*	Special	
			I		
l authori	ize you to close the accounts	listed above and to forw	vard funds to Jefferson I	3ank.	
Primary <i>i</i>	Account Holder Signature _				
Seconda	ary Account Holder Signature				
Date					

\*Please make sure all checks and all automatic debits have been switched prior to closing your account.

We recommend viewing two months statements to ensure you have switched them all.



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#### **Switch to Jefferson Bank**

#### **Automatic Payment Switch Form**

Merchant or Utility Name		From	From:			
Address			Customer Name			
	StateZip		ess			
Merchant or (	utility account number	City_		State	Zip	
Financial Info	rmation	To be	e withdrawn from new	account at Jeffers	son Bank:	
Please redirec	t my automatic withdrawal from my old	account: Acco	unt No		_	
Bank Name_		Rout	ing No. 086501578			
Account No.		Amo	unt of withdrawal			
Routing No.		Effec	tive Date			
I	l, (print nai new account effective number	•	• •	-		
	Authorized Signature			_ Date		

Please complete a new form for each automatic withdrawal you are switching. To save time and money, stop by any Jefferson Bank location for assistance in completing your forms. We will make it simple by completing the switch and mailing the forms to the address you listed. Postage is on us!

Thank you for choosing Jefferson Bank.

