

Simplify Your Life

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.



**JEFFERSON
BANK**
of Missouri

www.jefferson-bank.com ■ 573-634-0800

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Authorization to Change Direct Deposit

To:

Company Name _____

Attn: _____

Company Address _____

City, State, Zip _____

From _____

Employee SSN _____

Employee I.D. _____

Department Name _____

Home Address _____

City, State, Zip _____

Work Phone _____

Home phone _____

I authorize you to change my Payroll direct deposit to my new Jefferson Bank account effective beginning

_____ (please allow 3 to 4 weeks).

(Date)

Current Direct Deposit

Old Financial Institutions	Account Number	Routing Number	Amount

Redirect my direct deposit to:

Jefferson Bank	Account Number	Routing Number	Amount
		086501578	
		086501578	

Authorized signature _____ Date _____



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Account Closing Form

Previous Bank _____
 Address _____
 City _____ State _____ Zip _____

From:
 Primary Account Holder's Name _____
 Primary Social Security Number _____
 Secondary Account Holder's Name _____
 Address _____
 City _____ State _____ Zip _____

Please forward funds according to closing date to:

Jefferson Bank of Missouri
 Attn: _____ (employee name)
 c/o _____ (customer name)
 PO Box 600
 Jefferson City, Mo 65102

Please close the following accounts

Account Type	Account Number*	Check here to send payment immediately*	Special Instructions

I authorize you to close the accounts listed above and to forward funds to Jefferson Bank.

Primary Account Holder Signature _____
 Secondary 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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Automatic Payment Switch Form

Merchant or Utility Name _____
Address _____
City _____ State _____ Zip _____
Merchant or utility account number _____

From:
Customer Name _____
Address _____
City _____ State _____ Zip _____

Financial Information

Please redirect my automatic withdrawal from my old account:

Bank Name _____
Account No. _____
Routing No. _____

To be withdrawn from new account at Jefferson Bank:

Account No. _____
Routing No. 086501578
Amount of withdrawal _____
Effective Date _____

I, _____ (print name), authorize you to redirect payment from my old account to my new account effective _____. If you have questions, please contact me at the following phone 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.



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