

Switch to the smart choice.

USE THIS SWITCH KIT TO
GET A JUMP START ON THE
ACCOUNT OPENING PROCESS!



SmartBank

THIS SWITCH KIT CONTAINS:

- **Account Application** – Choose personal, business or both!
- **Payroll/Direct Deposit Transfer Request Form** – Use this form to notify your employer to update your direct deposit to SmartBank (if applicable).
- **Automatic Payment Request Form** – Use this form to authorize automatic payments to be debited from your SmartBank account (if applicable).

REQUIRED DOCUMENTS:

Please bring the following applicable documents along with your completed switch kit form(s) to a local SmartBank to open your account.

FOR PERSONAL ACCOUNTS:

Bring with you one valid ID, name, address (physical and mailing), date of birth, SSN, home phone or cell phone, work phone, e-mail address, employer, and occupation.

Examples of Valid ID:

Drivers License
State-issued ID
Military ID
Passport

FOR BUSINESS ACCOUNTS:

Sole Proprietorship:

Certificate, trade name or assumed name statement and state registration or business license.

Limited Liability Corporation (LLC):

Articles of organization or certificate of formation, operating agreement and state registration or business license.

Corporation:

Articles of incorporation or bylaws, operating agreement and state registration or business license.

Partnership:

Partnership agreement or partnership certificate and state registration or business license.

Organization:

Bylaws or board of trustee minutes authorizing a bank account or letter from the president naming officers and signatory powers.

Franchise:

Franchise agreement.

www.smartbank.net





Personal Account Application

SmartBank

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm this information. The information you provide is protected by our privacy policy and federal law.

INDIVIDUAL APPLICANT INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		SOCIAL SECURITY NUMBER:	
BIRTH DATE (MM/DD/YYYY):	HOME PHONE:	WORK PHONE:		MOBILE PHONE:	
PHYSICAL ADDRESS:			MAILING ADDRESS:		
PRIMARY IDENTIFICATION <input type="checkbox"/> VALID STATE DRIVER'S LICENSE <input type="checkbox"/> VALID STATE ID <input type="checkbox"/> VALID PASSPORT <input type="checkbox"/> VALID MILITARY ID CARD <input type="checkbox"/> VALID ALIEN IDENTIFICATION CARD			SECONDARY IDENTIFICATION <input type="checkbox"/> SOCIAL SECURITY CARD <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> EMPLOYEE ID CARD <input type="checkbox"/> FIREARMS REGISTRATION <input type="checkbox"/> INSURANCE CARD <input type="checkbox"/> MEDICARE CARD <input type="checkbox"/> MAJOR CREDIT CARD <input type="checkbox"/> VOTER'S REGISTRATION <input type="checkbox"/> STUDENT ID CARD <input type="checkbox"/> ORGANIZATION MEMBERSHIP		

EMPLOYER:	ATM/DEBIT CARD REQUEST NAME AS IT WILL APPEAR ON CARD (PLEASE PRINT) _____ 4-DIGIT PIN # _____ (CAUTION: FOR SECURITY REASONS DO NOT SELECT YOUR SSN, DATE OF BIRTH, OR OTHER SEPARATELY DISCOVERABLE NUMBER AS THE PIN.)
OCCUPATION:	
E-MAIL ADDRESS:	

JOINT APPLICANT INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		SSN:	
BIRTH DATE (MM/DD/YYYY):	HOME PHONE:	WORK PHONE:		MOBILE PHONE:	
PHYSICAL ADDRESS:			MAILING ADDRESS:		
PRIMARY IDENTIFICATION <input type="checkbox"/> VALID STATE DRIVER'S LICENSE <input type="checkbox"/> VALID STATE ID <input type="checkbox"/> VALID PASSPORT <input type="checkbox"/> VALID MILITARY ID CARD <input type="checkbox"/> VALID ALIEN IDENTIFICATION CARD			SECONDARY IDENTIFICATION <input type="checkbox"/> SOCIAL SECURITY CARD <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> EMPLOYEE ID CARD <input type="checkbox"/> FIREARMS REGISTRATION <input type="checkbox"/> INSURANCE CARD <input type="checkbox"/> MEDICARE CARD <input type="checkbox"/> MAJOR CREDIT CARD <input type="checkbox"/> VOTER'S REGISTRATION <input type="checkbox"/> STUDENT ID CARD <input type="checkbox"/> ORGANIZATION MEMBERSHIP		

EMPLOYER:	ATM / DEBIT CARD REQUEST NAME AS IT WILL APPEAR ON CARD (PLEASE PRINT) _____ 4-DIGIT PIN # _____ (CAUTION: FOR SECURITY REASONS DO NOT SELECT YOUR SSN, DATE OF BIRTH, OR OTHER SEPARATELY DISCOVERABLE NUMBER AS THE PIN.)
OCCUPATION:	
E-MAIL ADDRESS:	



Business Account Application

SmartBank

Welcome to **SmartBank!** We realize your time is very important. To make the most of your brief wait, please take a minute to fill out the information below. This will allow us to serve you more quickly and efficiently once we meet with you.

When you return these forms to us, we will need to see a form of photo identification to complete your account opening process. Please have it ready. Also, we will need your business's tax identification number or equivalent. Please note that the Social Security number, birth date, and mother's maiden name information will be used for telephone verification purposes should you call us for assistance – we want to protect your information, so it's important for us to know it's really you we're talking to when you call!

BUSINESS INFORMATION

BUSINESS NAME:		BUSINESS TIN / EIN / ETC:	
BUSINESS STREET ADDRESS:		BUSINESS PHONE NUMBER:	
CITY:	STATE:	ZIP:	
BUSINESS MAILING ADDRESS:			
CITY:	STATE:	ZIP:	
BRIEF BUSINESS DESCRIPTION (WHAT PRODUCTS OR SERVICES DO YOU OFFER?):			
BUSINESS STRUCTURE:			
<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	
<input type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> NON-PROFIT	<input type="checkbox"/> OTHER	

SIGNER #1 ON ACCOUNT

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:	TITLE:
SIGNATURE:		SOCIAL SECURITY NUMBER:	
DRIVER'S LICENSE NUMBER / STATE / EXP. DATE:		DATE OF BIRTH:	MOTHER'S MAIDEN NAME:

SIGNER #2 ON ACCOUNT

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:	TITLE:
SIGNATURE:		SOCIAL SECURITY NUMBER:	
DRIVER'S LICENSE NUMBER / STATE / EXP. DATE:		DATE OF BIRTH:	MOTHER'S MAIDEN NAME:

042014

Payroll/Direct Deposit Transfer Request Form



SmartBank

Please accept this letter as notification that I have established a new checking and/or savings account at **SmartBank**. I would like my paycheck to be automatically deposited to my **SmartBank** account according to the instructions below.

DIRECT DEPOSIT REQUEST:

To: PAYROLL DEPARTMENT

Employer / Company Name: _____

From: _____

Social Security #: _____

ATTACH
VOIDED
CHECK
HERE

Subject: PAYROLL DIRECT DEPOSIT

Date: _____

- Establish** Direct Deposit
- Change** my existing Direct Deposit

DEPOSIT INSTRUCTIONS:

- Deposit **entire amount** to checking account number: _____ **OR**
- Deposit \$ _____ to savings account number: _____ **AND**
the remainder to checking account number: _____ .

SMARTBANK ROUTING NUMBER: 064209216

I Authorize:

- ▲ The listed employer / company to change deposits of my funds to my **SmartBank** checking or savings account.
- ▲ **SmartBank** to credit funds to my account(s).
- ▲ This authorization to remain in effect until I send written notice of change or cancellation.

Signature: _____ Date: _____

042014

Automatic Payment Request Form



SmartBank

Please accept this letter as notification that I have established a new checking, savings and/or money market account at **SmartBank**. I would like the following payment to be automatically debited from the **SmartBank** account listed below.

AUTOMATIC PAYMENT REQUEST:

- Establish** Automatic Payment
- Change** my existing Automatic Payment

ATTACH
VOIDED
CHECK
HERE

AUTOMATIC PAYMENT INFORMATION:

Company Name: _____

Company Account #: _____

Payment Amount: \$ _____

PERSONAL INFORMATION:

Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____

SMARTBANK ACCOUNT INFORMATION:

Account Type: Checking Savings Money Market **SmartBank Acct. #:** _____

I Authorize:

- ▲ The company listed to initiate withdrawal of my funds from the above **SmartBank** account.
- ▲ **SmartBank** to debit funds from my account.
- ▲ This authorization to remain in effect until I send written notice of change or cancellation.

Signature: _____ **Date:** _____

042014