



EZ-SWITCH Customer Instructions

This kit is designed to make your switch from another financial institution to Bank of Commerce, as simple and easy as possible. By following the instructions below, you can make the switch in a minimal amount of time!

1. Open a Bank of Commerce account and obtain an account number.

You can do this by stopping by the bank or simply mailing the completed EZ-SWITCH Fact Sheet back to the bank. If you do choose to mail the EZ-SWITCH Fact Sheet back to the bank, we will begin to process your information, but will need to verify your signature and identification in person before any deposits will be accepted.

2. Complete the EZ-SWITCH Forms from the kit for any account you are closing and/or re-directing a direct deposit or automatic payment. You will need to include your new account number(s) from Bank of Commerce on the EZ-SWITCH Forms.
3. If you want to set up direct deposits (payroll deposit, retirement benefits, interest payments, etc.) to your account, please provide the "Authorization to Change Direct Deposit" form to your employer or other provider. You need to complete the form with your name, the account title, e.g., Bill and Cheryl Smith, and your account number.
4. If you want to set automatic payments from your account, please complete the "Authorization to Change Automatic Payments" form, and mail it to your providing company who will be paid (insurance company, utilities, health spa, etc.). They also may require a voided check. Advise them of your intention to make a change of accounts for automatic debit.

Call us at 324-2265 or toll free (800) 934-4507
If you have any questions.

BANK OF COMMERCE EZ-SWITCH FORM:

Authorization to Close My Checking Account

Today's Date:

On ___ / ___ / ___ please close my Checking Account at _____ Acct.# _____.

Account Holder _____ Social Security # _____

2nd Account Holder _____ Social Security # _____

On the closing date, please send remaining

Name and Address of Previous Financial Institution:



BANK OF COMMERCE

New Account # _____

Routing number: 102303171

P.O. Box 50

Rawlins, Wyoming 82301

Signature(s): _____

Complete this form and send it to your current financial institution
You may copy this form.

BANK OF COMMERCE EZ-SWITCH FORM:

Authorization to Close My Savings Account

Today's Date:

On ___ / ___ / ___ please close my Checking Account at _____ Acct.# _____.

Account Holder _____ Social Security # _____

2nd Account Holder _____ Social Security # _____

On the closing date, please send remaining

Name and Address of Previous Financial Institution:



BANK OF COMMERCE

New Account # _____

Routing number: 102303171

P.O. Box 50

Rawlins, Wyoming 82301

Signature(s): _____

Complete this form and send it to your current financial institution
You may copy this form.

BANK OF COMMERCE EZ-SWITCH FORM:

Authorization to Change My Direct Deposit

Today's Date:

On ___ / ___ / ___ I closed my Checking Account at _____ Acct.# _____.

Account Holder _____ Social Security # _____

Please establish Direct Deposit into my new Checking Account, effective as of ___ / ___ / ___.

Please send all Direct Deposits to:

Name and Address of Direct Depositor:



BANK OF COMMERCE

New Account # _____

Routing number: 102303171

P.O. Box 50

Rawlins, Wyoming 82301

Signature(s): _____

Complete this form for each depositor (employer, Social Security, etc.) with
whom you have arrangement for Direct Deposit. You may copy this form.

BANK OF COMMERCE EZ-SWITCH FORM:

Authorization to Change My Direct Deposit

Today's Date:

On ___ / ___ / ___ I closed my Checking Account at _____ Acct.# _____.

Account Holder _____ Social Security # _____

Please establish Direct Deposit into my new Checking Account, effective as of ___ / ___ / ___.

Please send all Direct Deposits to:

Name and Address of Direct Depositor:



BANK OF
COMMERCE

New Account # _____

Routing number: 102303171

P.O. Box 50

Signature(s): _____

Complete this form for each depositor (employer, Social Security, etc.) with whom you have an arrangement for Direct Deposit. You may copy this form

BANK OF COMMERCE EZ-SWITCH FORM:

Authorization to Change My Automatic Payment

Today's Date:

On ___ / ___ / ___ I closed my Checking Account at _____ Acct.# _____.

Account Holder _____ Social Security # _____

I hereby authorize Automatic Payment from my new Checking Account beginning ___ / ___ / ___.

My new bank is:

Name and Address of Company:



BANK OF
COMMERCE

New Account # _____

Routing number: 102303171

P.O. Box 50

Signature(s): _____

Complete this form for each company or organization with whom you have an arrangement for Automatic Payment. You may copy this form.

BANK OF COMMERCE EZ-SWITCH FORM:

Authorization to Change My Automatic Payment

Today's Date:

On ___ / ___ / ___ I closed my Checking Account at _____ Acct.# _____.

Account Holder _____ Social Security # _____

I hereby authorize Automatic Payment from my new Checking Account beginning ___ / ___ / ___.

My new bank is:

Name and Address of Company:



BANK OF
COMMERCE

New Account # _____

Routing number: 102303171

P.O. Box 50

Signature(s): _____

Complete this form for each company or organization with whom you have an arrangement for Automatic Payment. You may copy this form.