



## **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 FACT SHEET

### Step 1: Tell us which accounts you would like to open at Bank of Commerce

<b>Checking:</b>	<input type="checkbox"/> FREE Personal Checking	<input type="checkbox"/> Business Checking	<input type="checkbox"/> Now Account
		<input type="checkbox"/> Basic Business Account	<input type="checkbox"/> Super Now Account
<b>Savings:</b>	<input type="checkbox"/> Insured Money Market Account		<input type="checkbox"/> BOC Prestige Account
	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Christmas Club Account	<input type="checkbox"/> IRA
	<input type="checkbox"/> Health Savings Account		
<b>Other:</b>	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Internet Banking
	<input type="checkbox"/> Mobile Banking	<input type="checkbox"/> Bill Pay	

**Would you like:**

Mastercard Debit Card?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
ATM Card?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Ready Reserve?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

If you answered yes to the Debit Card, ATM Card, or Ready Reserve, you will need to complete a separate application to submit for approval.

### Step 2: Tell us about yourself

#### CUSTOMER-A

#### CUSTOMER -B (FOR JOINT ACCOUNTS)

_____ Last Name	_____ First	_____ Initial
_____ Social Security #	_____ Date of Birth	
_____ City	_____ State	_____ Zip
_____ Home Telephone #	_____ Drivers License #	_____ Issuing State
_____ Employer	_____ Work Telephone #	
_____ E-mail Address		

_____ Last Name	_____ First	_____ Initial
_____ Social Security #	_____ Date of Birth	
_____ City	_____ State	_____ Zip
_____ Home Telephone #	_____ Drivers License #	_____ Issuing State
_____ Employer	_____ Work Telephone #	
_____ E-mail Address		

<p style="text-align: center;"><b>Do you currently have Automatic Payments (such as insurance and utilities) or Automatic Deposits (such as social security, payroll or pensions that you'd like help switching?)</b></p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<p>If yes, please complete the attached EZ-SWITCH forms.</p>	

### Step 3: Provide us with your information:

Drop the EZ-Switch Fact Sheet off at the Bank ---- Fax the EZ-Switch Fact Sheet to the number below  
Mail the EZ-Switch Fact Sheet to us

Prior to opening any account, a Bank of Commerce Representative will need to verify your identity (with two forms of identification), and verify that you qualify for the particular accounts you may be applying for.



**221 Third Street - Rawlins, WY 82301**  
**307-324-2265 or Fax 307-324-3634**  
**www.BOCRawlins.com**

# 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 # \_\_\_\_\_

Please send remaining funds to:

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

# 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 # \_\_\_\_\_

Please send remaining funds to:

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

# 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

Rawlins, Wyoming 82301

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Rawlins, Wyoming 82301

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Rawlins, Wyoming 82301

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature(s): \_\_\_\_\_

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