

Account Transfer Kit ~ "To Do" List

We'll make it quick and easy to transfer your account to West One Bank. Simply use this handy "to do" checklist to help you make the switch!

1. Have your new West One Bank account number(s) ready when completing the authorization forms in the account transfer kit:

Account Number: _____

Routing Number: 092905430

2. Switch direct deposits/automatic deposits using the **Authorization to Change Direct Deposit**:

- | | |
|---|---|
| <input type="checkbox"/> Employer deposit | <input type="checkbox"/> Brokerage deposits |
| <input type="checkbox"/> Government deposit | <input type="checkbox"/> Child support/court-ordered deposits |
| <input type="checkbox"/> Social Security Administration | <input type="checkbox"/> Other |

3. Switch automatic payments/withdrawals using the **Authorization to Change Automatic Withdrawal**:

- | | |
|--|---|
| <input type="checkbox"/> Mortgage/Rent | <input type="checkbox"/> Automobiles |
| <input type="checkbox"/> Association Fees | <input type="checkbox"/> Club/Membership dues |
| <input type="checkbox"/> Internet Service | <input type="checkbox"/> Cable/TV/Satellite |
| <input type="checkbox"/> Investments | <input type="checkbox"/> Credit Cards |
| <input type="checkbox"/> Utilities: Electric, Gas, Water | <input type="checkbox"/> Phone/Cell Phone |
| <input type="checkbox"/> Online Billing | <input type="checkbox"/> Other |

4. Close all other savings, checking, and bill payment accounts using the **Authorization to Close Account**:

Financial Institutions: _____

5. Additional options to explore:

- Refinance your auto loan with West One Bank.
- Refinance your mortgage loan with West One Bank.
- Get a Home Equity loan with West One Bank.

For additional details ~ or help transferring your accounts to West One Bank ~ just ask us! We'll be glad to assist. Please visit us or call 406.755.9781.



www.westonebank.com

122 West Idaho ~ Kalispell, MT 59901 ~ Phone: 406.755.9781 ~ Fax: 406.755.9794

Authorization to Change Direct Deposit

Instructions: Complete this authorization to change direct deposits to West One Bank and provide to your payroll office or any other payor who makes automatic deposits to your account.

Date

Employer/Depositor's Name

Address

City/State/Zip

To Whom It May Concern:

You are currently making direct deposits on my behalf to this account:

Old Financial Institution: _____

Routing Number: _____

Account Number: _____

Please discontinue the above-referenced direct deposit and start direct deposit to my new account, effective immediately, to:

West One Bank
222 West Idaho
Kalispell, MT 59901
Routing Number: 092905430
Account Number: _____

savings checking

If you have any questions in regards to this request, please contact me at:

_____ in the evening day
Phone number

Thank you!

Sincerely,

Signature

Name

Address

City/State/Zip



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Authorization to Change Automatic Withdrawal

Instructions: Complete this authorization to have automatic withdrawals made from your West One Bank account. Print one authorization for each company that makes automatic withdrawals from your account. Remember to change any automatic payments made by visa check card too!

Date

Name of Company that makes auto withdrawal

Address

City/State/Zip

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) on a _____ (when) basis for my _____ (what payment is for) from:

Old Financial Institution: _____

Routing Number: _____

Account Number: _____ **OR**

Card Number: _____

Please discontinue withdrawals from this account and (check one):

Begin withdrawals from my account at:

West One Bank
222 West Idaho
Kalispell, MT 59901

Routing Number: 092905430

Account Number: _____ savings checking

Begin withdrawals from my West One Bank Visa Check Card:

Card Number: _____ Exp. Date: _____ CVV: _____

I will use West One Bank's Check Free Bill Pay service to make future payments.

If you have any questions in regards to this request, please contact me at:

_____ in the evening day

Phone number

Thank you!

Sincerely,

Signature

Name

Address

City/State/Zip



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Authorization to Close Account

Instructions: Complete this authorization to close accounts at other financial institutions and have funds transferred to your West One Bank account. Print one authorization form for each financial institution where you have accounts. Remember to destroy old checks, ATM and/or debit cards.

Date

Bank/Other financial institution name

Address

City/State/Zip

To Whom It May Concern:

Please close my account(s) with your financial institution:

Account Number: _____

Account Holder: _____

ID Verification (SSN or secret account code): _____

Please send a check for the remaining balance(s) to my account at:

West One Bank
222 West Idaho
Kalispell, MT 59901
Routing Number: 092905430

Account Number: _____ savings checking
Account Number: _____ debit card ATM card

I have also made arrangements to discontinue the direct deposit and automatic withdrawal of funds from my account(s) with your financial institution.

If you have any questions in regards to this request, please contact me at:
_____ in the evening day

Phone number

Thank you!

Sincerely,

Signature

Name

Address

City/State/Zip



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ACCOUNT APPLICATION

Current photo ID required

All accounts verified by QualiFile

Will this account be used for internet gambling? yes no

Is this account for a Medical Marijuana Business? yes no

Please check the following products you desire:

Checking Savings Money Market Visa Check Card ATM Card IRA
 Loans On-Line Banking Overdraft Protection Bill Pay CDs E Stmts

How did you learn about us? _____

Primary Applicant Information

Name: _____ Email Address: _____

Mailing Address: _____

Street Address: _____

Social Security No. or Tax ID No. _____ Date of Birth: _____

ID Number: _____ Type ID: _____ State: _____ Exp. Date: _____

Home Phone: _____ Work Ph.: _____ Cell Ph. _____

Employer: _____ Address: _____

Have you lived in MT the last 5 years? Y N If no, where? _____

Nearest Relative: _____ Ph. # _____ Mother's Maiden Name: _____

Joint Applicant Information:

Name: _____ Email Address: _____

Mailing Address: _____

Street Address: _____

Social Security No. or Tax ID No. _____ Date of Birth: _____

ID Number: _____ Type ID: _____ State: _____ Exp. Date: _____

Home Phone: _____ Work Ph.: _____ Cell Ph. _____

Employer: _____ Address: _____

Have you lived in MT the last 5 years? Y N If no, where? _____

Nearest Relative: _____ Ph. # _____ Mother's Maiden Name: _____

Joint Applicant Information:

Name: _____ Email Address: _____

Mailing Address: _____

Street Address: _____

Social Security No. or Tax ID No. _____ Date of Birth: _____

ID Number: _____ Type ID: _____ State: _____ Exp. Date: _____

Home Phone: _____ Work Ph.: _____ Cell Ph. _____

Employer: _____ Address: _____

Have you lived in MT the last 5 years? Y N If no, where? _____

Nearest Relative: _____ Ph. # _____ Mother's Maiden Name: _____

Authorized Signer Not Account Owner

Name: _____ Email Address: _____

Mailing Address: _____

Street Address: _____

Social Security No. or Tax ID No. _____ Date of Birth: _____

ID Number: _____ Type ID: _____ State: _____ Exp. Date: _____

Home Phone: _____ Work Ph.: _____ Cell Ph. _____

Employer: _____ Address: _____

Have you lived in MT the last 5 years? Y N If no, where? _____

Nearest Relative: _____ Ph. # _____ Mother's Maiden Name: _____

Authorized Signer Not Account Owner:

Name: _____ Email Address: _____

Mailing Address: _____

Street Address: _____

Social Security No. or Tax ID No. _____ Date of Birth: _____

ID Number: _____ Type ID: _____ State: _____ Exp. Date: _____

Home Phone: _____ Work Ph.: _____ Cell Ph. _____

Employer: _____ Address: _____

Have you lived in MT the last 5 years? Y N If no, where? _____

Nearest Relative: _____ Ph. # _____ Mother's Maiden Name: _____

Signatures

I certify that everything I have stated in this application is correct. You may keep this application whether or not it is approved. By signing below, I authorize you to check my credit account and employment history and/or have a credit-reporting agency prepare a credit report on me. I also authorize you to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Applicant's signature Date

Authorized Signer' signature Date

Joint Applicant's signature Date

Authorized Signer's signature Date

Joint Applicant's signature Date