

Switching your checking account has never been easier. Just fill in the information and bring it with you when you open your new account. Our friendly representatives

will do the rest.

Simple Switch Kit

New Account Information

City, State, Zip		
Mailing Address (if different)		
Home Phone	Work Phone	
Are you a U.S. Citizen?	Social Security Number	
Drivers License Number	State Issued	
Issue Date	Exp. Date	
Date of Birth	Place of Birth	
Mother's Maiden Name	E-Mail Address	
Cell Phone #	Other Contact Info.	
Second ID Info.	[
Employer	Occupation/Title	
Signature X		

	Bankof
B	Eastern Oregon

Joint Account

Name		
Street Address		
City, State, Zip		
Mailing Address (if different)		
Home Phone	Work Phone	
Are you a U.S. Citizen?	Social Security Number	
Drivers License Number	State Issued	
Issue Date	Exp. Date	
Date of Birth	IPlace of Birth	
Mother's Maiden Name	E-Mail Address	
Cell Phone #	Other Contact Info.	
Second ID Info.		
Employer	Occupation/Title	
Signature X	L	

Direct Deposit Information

Please deposit payment(s) directly into my Bank of Eastern Oregon account as indicated below:

Name	Previous Bank	Previous Bank Account #

Automatic Payment Authorization

Please make automatic payments from my new account to the companies listed below:

Name of Company	Account Number	Amount	Date of the month to be paid

AGREEMENT FOR TELEPHONE BANKING SERVICE: I/we accept that, by having signed this agreement & the Bank having given me/us the required Access ID & password to perform telephone banking transactions, my/our subsequent use of any & all features of the Service shall constitute acceptance of the terms & conditions of this agreement. I/we understand the importance of my/our role in preventing misuse of my/our accounts through the Service & I/we agree to promptly examine the statements the Bank sends for each of my/our accounts. I/we agree to protect the confidentiality of my/our account information & I/we understand that personal identifying information, when used with information related to my/our account, may allow unauthorized access to my/our account(s). For security purposes, I/we will be required to change my/our initial password upon my/our 1st log-on to the Service. I/we accept responsibility for the confidentiality & security of my/our password & agree to change my/our password will regularly. I/we agree not to use the Telephone Banking Service in any illegal activity.

I/We Do Not Want Telephone Banking Service: X_

(Initial Here to acknowledge you do not want Telephone Banking)

NOTICE - CUSTOMER IDENTIFICATION PROGRAM: To help the government fight the funding of terrorism & money laundering activities, Federal law requires all financial institutions to obtain, verify & record information that identifies each person who opens an account, even if the customer is well known to the bank. What this means for you - when you open an account we will ask for your name, address, date of birth & other information that will allow us to identify you. We will also ask to see your driver's license &/or other identifying information. This will apply to all accounts including deposit accounts, loans & safe deposit box rental. In all cases protection of our customer's identity & confidentiality is our pledge to you.

We'll take this information and complete Deposit and Payment slips for you. Sign them, and we'll mail them right from the Bank.

Please consider this request, as indicated by my original signature, as a formal order to change any pending or future payments to my new account with Bank of Eastern Oregon. The address for future deposits or debits is:

279 North Main Heppner, Oregon 97836 Routing Number: 123203535



Automatic Payment Notification

Account #

My new bank account number is:

Name

Х

Authorized Signature ed to authorize the transfer with your existing ins

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