



# Making the Switch is Simple.

At Western Bank, we strive to provide you with all the tools you need to help meet your financial goals. This starts with our Switch Kit, designed to make switching your account(s) to Western Bank as smooth and seamless as possible.

**Should you have any questions about switching your account(s), please contact our Customer Support Team at (877) 301-2262 or stop by any Western Bank location.**



[www.westernbank.com](http://www.westernbank.com) | (877) 301-2262



# Close Account Authorization

The form below can be used to help ensure your discontinued account(s) are closed properly. Please complete one form for each former financial institution. The form(s) can be mailed to the appropriate financial institution or, if you prefer, our team members at Western Bank will be happy to assist you. Simply bring your completed form(s) by any Western Bank location or email them to your account officer or Customer Support Team at [Support@westernbank.com](mailto:Support@westernbank.com).

**Former Financial Institution Name**

Date:      /      /     

Address

City	State	Zip
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**To whom it may concern :**

**This letter serves as a request to close the following account(s) :**

Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Name on Account
Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Name on Account
Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Name on Account
Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Name on Account

**Please send a check for the remaining balance to :**

Name

Address

City	State	Zip
If you have any questions, please contact me at this phone number	Please contact me during the <input type="checkbox"/> Day <input type="checkbox"/> Evening	

**Sincerely,**

Signature

Print Name	Date :
Joint Signature (if needed)	
Print Name	Date :



# Transfer Direct Deposit

The form below can be used to help ensure there are no disruptions in your direct deposits. Please complete one form for each depositor. The form(s) can be mailed to your employer or the appropriate business or, if you prefer our team members at Western Bank will be happy to assist you. Simply bring your completed form(s) by any branch or email them to your account officer or our Customer Support Team at [Support@westernbank.com](mailto:Support@westernbank.com).

**Deposit Originating Company Name**

Date: \_\_\_/\_\_\_/\_\_\_

Address

City

State

Zip

**To whom it may concern :**

This letter serves as a request to have my direct deposit transferred to my new account with Western Bank. I hereby authorize to have my direct deposit switched to my account with Western Bank as follows :

Western Bank Routing Number

**111323731**

Western Bank Account Number

Checking

Savings

Name

Address

City

State

Zip

Social Security Number (if required)

**Make this change effective:** \_\_\_/\_\_\_/\_\_\_

**Sincerely,**

Signature

Print Name

Date :

**Attach Voided Check here (if required)**

**Did you remember all your accounts? Use this checklist to help you remember all the depositors from which you receive funds :**

- **Employer/Payroll**
- **Social Security**
- **Government**
- **Retirement Fund**
- **Investments**



# Change Automatic Payments

The form below can be used to help ensure there are no disruptions in your automatic payment. Please complete one form for each vendor. The form(s) can be mailed to your employer or the appropriate business or, if you prefer our team members at Western Bank will be happy to assist you. Simply bring your completed form(s) by any branch or email them to your account officer or our Customer Support Team at [Support@westernbank.com](mailto:Support@westernbank.com)

**To whom it may concern:**

**You are currently withdrawing \$**  **for company**   
**account/policy number**  **from the following account:**

Former Financial Institution Name

Former Financial Institution Routing Number

Former Financial Institution Account Number

**Effective Date:** \_\_\_/\_\_\_/\_\_\_ **Please redirect my automatic Payment to come from my account at Western Bank as follows:**

Western Bank Routing Number  
**111323731**

Western Bank Account Number

Checking

Savings

Name

Address

City

State

Zip

**Sincerely,**

Signature

Print Name

Date:

**Did you remember all your accounts? Use this checklist to help you remember all the depositors from which you receive funds :**

- Mortgage**
- Auto Loan**
- Health Insurance**
- Life Insurance**
- Credit Card**
- Electric/Gas/Water**
- Cell Phone Bill**
- Cable TV**
- Internet Provider**
- Investments and Annuities**
- Subscriptions, i.e. newspapers, online stores, etc.**

