



BAC Community Bank
951

BUSINESS ACCOUNT SWITCH KIT

Welcome to BAC Community Bank!

Look inside to get started today. Remember, if you need help we are just a phone call away.

SWITCHING TO BAC
IS AS SIMPLE AS 1-2-3



BAC Community Bank

1-877-226-5820 | www.bankbac.com



Welcome to BAC Community Bank!

We are thrilled that you have decided to connect your business with the local bank that understands your needs: Reliability, state-of-the-art technologies, personalized service, and honest banking with integrity.

Serving our communities for over 50 years, we are a locally owned bank with local employees. We offer full-service customized financial solutions to our business and consumer customers. Deposit, lending, online cash management, and payment card processing services are just a few examples.

BAC Community Bank has developed this Switch Kit around a simple 3-step process. Just follow these simple steps and we will take care of the rest.

The forms and information in this kit are designed to assist you in making an effortless transition whether you are applying online or plan to stop by one of our convenient branch locations to start the process.

Our friendly professional staff will be delighted to assist you with switching your accounts to BAC Community Bank,

STEP 1: OPEN YOUR NEW BAC BUSINESS ACCOUNTS

- Complete Your Business Account Profile
- Complete Your Customer Identification Profile
- Gather Your Legal Documents

STEP 2: TRANSFER AUTOMATIC TRANSACTIONS

- Utilize Our Worksheets for Automatic Payments and Incoming Deposits
- Update Bills Paid with Your Debit Card or Online Bill Pay
- Use Our Helpful Forms to Notify Vendors of Your New BAC Account

STEP 3: CLOSE FORMER ACCOUNTS

- Send Your Former Bank a Completed *Account Closing Request Form*
- Destroy Any Blank Checks and Debit Cards Linked to Your Old Account

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Customized Business
Solutions to serve your
business needs.

Deposit Services

Business Deposit Accounts
Business Savings, CDs, CDARS,
Sweeps

Cash Management Solutions

Cash Flow Management
Managed Shared Users
Monitored Transactional Activity
Account Alerts
Download Activity
Electronic Statements
Stop Payments
Internal Transfers
Images of Checks and Deposits
Automatic Bill Payments
ACH Transfers
Wire Transfer
Merchant Remote Deposit (MRD)
Lockbox Services
Positive Pay

Account Services

Armored Car
Business Debit Cards
Currency Management
Sweeps
Target Balance Accounts
Zero Balance Accounts

Merchant Services

Payment Card Processing
Web Site Card Acceptance
Mobile Card Acceptance

Business Loans / Lines of Credit

Business Loans / Lines of Credit
Commercial Real Estate Loans
Agriculture Loans

*We also offer Full Service Consumer
Banking Services, & more!*

STEP 1: OPEN YOUR NEW ACCOUNTS AT BAC COMMUNITY BANK

STEP 1: OPEN YOUR NEW BAC BUSINESS ACCOUNTS

BANK DOCUMENTS

If this is your organization's first account at BAC Community Bank, please deliver the following completed forms to your local BAC branch office when applying for this new account:

ALL ORGANIZATIONS

- Business Account Profile

EACH AUTHORIZED SIGNER / OFFICER

- Customer Identification Profile

LEGAL DOCUMENTS—When establishing your organization's first deposit account at BAC Community Bank, we will need to properly identify your organization and each person authorized to access your accounts.

To do this, we will need the following government issued documents:

ALL ORGANIZATIONS

- Business License, if applicable
- Fictitious Name Statement, if applicable
- Federal Tax ID Number

See page 3 of the *Business Account Profile* provided with this packet for an outline of additional documents needed for the following types of organizations:

- ◆ CORPORATION
- ◆ PARTNERSHIP / LP / LLP
- ◆ LIMITED LIABILITY COMPANY (LLC)
- ◆ SOLE PROPRIETORSHIP
- ◆ FAMILY TRUST

EACH AUTHORIZED SIGNER / OFFICER

- Government Issued Identification (Driver License, State ID Card, Military ID Card, Passport, Police / Fireman ID Card, Senior Citizen ID Card, or Alien Resident Card)
- US Taxpayer ID Card

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ACCOUNT HOLDER INFORMATION

NAME		SOCIAL SECURITY NUMBER	DATE OF BIRTH
PHYSICAL ADDRESS		CITY	STATE ZIP CODE
MAILING ADDRESS (If different than physical address)		CITY	STATE ZIP CODE
HOME PHONE	CELL PHONE	WORK PHONE	
EMAIL ADDRESS		PLACE OF BIRTH	MOTHER'S MAIDEN NAME

ACCOUNT HOLDER IDENTIFICATION

Section 326 of the USA PATRIOT ACT requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account or changes an existing account. This federal requirement applies to all new customers and current customers. This information is used to assist the United States government in the fight against the funding of terrorism and money-laundering activities.

TYPE OF IDENTIFICATION ___ Driver's License ___ US Passport ___ Other:		IDENTIFICATION NUMBER
ISSUED BY	ISSUE DATE	EXPIRATION DATE
COUNTRY OF CITIZENSHIP?	COUNTRY OF PERMANENT RESIDENCE?	
CURRENT VISA STATUS?	VISA ISSUED BY?	

IDENTIFICATION OF POLITICALLY EXPOSED PERSONS (PEP):

- Are you, an immediate family member, a close associate or a beneficial party to the account, a current or former senior political figure¹? ___ Yes ___ No
If you answered Yes, please indicate ___ Domestic or ___ Foreign and provide a brief explanation:
- Will any source of funds or transactions in the account originate from dealings with a senior political figure¹? ___ Yes ___ No
If you answered Yes, please indicate ___ Domestic or ___ Foreign and provide a brief explanation:

¹ A Senior political figure is in the executive, legislative, administrative, military or judicial branches of government, of a major political party or of a government-owned corporation in any country.

OCCUPATION AND INDUSTRY

OCCUPATION	NAME OF EMPLOYER
EMPLOYER INDUSTRY (Select most appropriate category)	
___ Retail Trade ___ Services ___ Manufacturing ___ Public Administration ___ Finance, Insurance & Real Estate ___ Wholesale Trade ___ Construction ___ Mining ___ Agriculture, Forestry, Fishing, Landscaping ___ Transportation, Communication & Utilities	
EMPLOYER INDUSTRY (Brief Description)	

SECURITY QUESTIONS

OUR BRANCH STAFF WILL PROVIDE YOU A LIST OF SECURITY QUESTIONS. PLEASE SELECT THREE (3), AND WRITE THESE QUESTIONS AND YOUR ANSWERS IN THE SPACE PROVIDED BELOW.

QUESTION 1:
ANSWER 1:
QUESTION 2:
ANSWER 2:
QUESTION 3:
ANSWER 3:

CUSTOMER NUMBER:	INPUT BY:	DATE INPUT:	VERIFIED BY:	DATE VERIFIED:
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Existing Customer?

Date: _____

Form Completed By: _____

BUSINESS INFORMATION

TYPE OF BUSINESS			
<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other			
LEGAL BUSINESS NAME			TAX IDENTIFICATION NUMBER
DBA (if different from legal name)			
PHYSICAL ADDRESS		CITY	STATE
			ZIP CODE
MAILING ADDRESS (if different than physical address)		CITY	STATE
			ZIP CODE
BUSINESS PHONE	BUSINESS FAX	BUSINESS WEBSITE ADDRESS	

ADDITIONAL BUSINESS INFORMATION

DATE BUSINESS ESTABLISHED (Month/Year)	UNDER CURRENT MANAGEMENT SINCE (Month/Year)	NUMBER OF LOCATIONS
BACKGROUND AND HISTORY OF BUSINESS		
NATURE OF BUSINESS (Describe in detail)		
GEOGRAPHIC AREAS RELEVANT TO BUSINESS OPERATIONS		
MAJOR CUSTOMERS	MAJOR SUPPLIERS	MAJOR COMPETITORS
CURRENT BUSINESS BANKING RELATIONSHIP		

PERSONAL INFORMATION

PERSONAL INFORMATION - 1

TYPE OF RELATIONSHIP		FAMILY TRUST	
<input type="checkbox"/> Owner <input type="checkbox"/> Guarantor <input type="checkbox"/> Authorized Signer		<input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME			TAX IDENTIFICATION NUMBER
TITLE \ POSITION			% OWNERSHIP
ADDRESS		CITY	STATE
			ZIP CODE
HOME PHONE	BUSINESS PHONE	BUSINESS EMAIL	
BACKGROUND AND HISTORY			
CURRENT PERSONAL BANKING RELATIONSHIP			

PERSONAL INFORMATION - 2			
TYPE OF RELATIONSHIP <input type="checkbox"/> Owner <input type="checkbox"/> Guarantor <input type="checkbox"/> Authorized Signer			FAMILY TRUST <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME			TAX IDENTIFICATION NUMBER
TITLE \ POSITION			% OWNERSHIP
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	BUSINESS PHONE	BUSINESS EMAIL	
BACKGROUND AND HISTORY			
CURRENT PERSONAL BANKING RELATIONSHIP			

PERSONAL INFORMATION - 3			
TYPE OF RELATIONSHIP <input type="checkbox"/> Owner <input type="checkbox"/> Guarantor <input type="checkbox"/> Authorized Signer			FAMILY TRUST <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME			TAX IDENTIFICATION NUMBER
TITLE \ POSITION			% OWNERSHIP
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	BUSINESS PHONE	BUSINESS EMAIL	
BACKGROUND AND HISTORY			
CURRENT PERSONAL BANKING RELATIONSHIP			

PERSONAL INFORMATION - 4			
TYPE OF RELATIONSHIP <input type="checkbox"/> Owner <input type="checkbox"/> Guarantor <input type="checkbox"/> Authorized Signer			FAMILY TRUST <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME			TAX IDENTIFICATION NUMBER
TITLE \ POSITION			% OWNERSHIP
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	BUSINESS PHONE	BUSINESS EMAIL	
BACKGROUND AND HISTORY			
CURRENT PERSONAL BANKING RELATIONSHIP			

SERVICES REQUESTED

ACCOUNTS OR SERVICES THAT YOU ARE INTERESTED IN:

BUS	PERS		BUS	PERS		BUS	PERS	
<input type="checkbox"/>	<input type="checkbox"/>	Checking Account	<input type="checkbox"/>	<input type="checkbox"/>	Online Banking	<input type="checkbox"/>	<input type="checkbox"/>	ACH Origination Services*
<input type="checkbox"/>	<input type="checkbox"/>	Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	Online Bill Payment	<input type="checkbox"/>	<input type="checkbox"/>	Loan*
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Deposit (CD)	<input type="checkbox"/>	<input type="checkbox"/>	Merchant Payment Services	<input type="checkbox"/>	<input type="checkbox"/>	Line of Credit*
<input type="checkbox"/>	<input type="checkbox"/>	Money Market Checking	<input type="checkbox"/>	<input type="checkbox"/>	Positive Pay	<input type="checkbox"/>	<input type="checkbox"/>	Real Estate Loan*
<input type="checkbox"/>	<input type="checkbox"/>	Debit Card	<input type="checkbox"/>	<input type="checkbox"/>	Cash Management Services			
<input type="checkbox"/>	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	<input type="checkbox"/>	Remote Deposit Capture			
<input type="checkbox"/>	<input type="checkbox"/>	Safe Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>	Lockbox*			
<input type="checkbox"/>	<input type="checkbox"/>	Investment Products						
<input type="checkbox"/>	<input type="checkbox"/>	Retirement Account (IRA)						
<input type="checkbox"/>	<input type="checkbox"/>	Account Reconciliation						

*Additional Documentation required (*listed in italics below*). For existing customers with a prior loan relationship, contact the loan department to verify if the documents are currently on file.

LEGAL DOCUMENTS REQUIRED

Individuals/Guarantors	Sole Proprietorship	Partnership	Corporation	Limited Liability Company	Miscellaneous
<input type="checkbox"/> Personal Identification	<input type="checkbox"/> Fictitious Name Filing (if applicable)	<input type="checkbox"/> Partnership Agreement (for specific type of partnership) <input type="checkbox"/> Fictitious Name Filing (if applicable)	<input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Statement of Information <input type="checkbox"/> Fictitious Name Filing (if applicable)	<input type="checkbox"/> Articles of Organization <input type="checkbox"/> Operating Agreement <input type="checkbox"/> Fictitious Name Filing (if applicable)	<input type="checkbox"/> Family Trust – Certification of Trust (trust name, trustee and successor trustee information, powers, revocation and execution pages)

CREDIT REQUEST ADDITIONAL DOCUMENTATION

Individuals/Guarantors	Sole Proprietorship	Partnership, Corporation, or Limited Liability Company	Miscellaneous
<input type="checkbox"/> Personal Tax returns (2 years) <input type="checkbox"/> Personal Financial Statement <input type="checkbox"/> Bank Account Statements (3 months)	<input type="checkbox"/> Business Financial Statements (2 years) <input type="checkbox"/> Bank Account Statements (3 months)	<input type="checkbox"/> Business Tax Returns (2 years) <input type="checkbox"/> Business Financial Statements (2 years) <input type="checkbox"/> Bank Account Statements (3 months)	<input type="checkbox"/> CRE Loan Supplemental Information <input type="checkbox"/> Leases and Rent Roll Schedule <input type="checkbox"/> Accounts Receivable Aging <input type="checkbox"/> Accounts Payable Aging <input type="checkbox"/> Copy of Purchase Agreement

Italicized Documents required if customer is requesting ACH Origination or Loan services.

TRANSACTION ACTIVITY

Existing Account(s):

ANTICIPATED TRANSACTION ACTIVITY (check all that apply)

Service	Number of Transactions per month	Average dollar amount per transaction
<input type="checkbox"/> Currency Deposits		\$
<input type="checkbox"/> Currency Withdrawals		\$
<input type="checkbox"/> Check Deposits		\$
<input type="checkbox"/> Third Party Check Deposits		\$
<input type="checkbox"/> Currency Exchange		\$
<input type="checkbox"/> Domestic Outgoing Wires		\$
<input type="checkbox"/> Domestic Incoming Wires		\$
<input type="checkbox"/> International Outgoing Wires	List receiving countries:	\$
<input type="checkbox"/> International Incoming Wires	List originating countries:	\$

Checklist: Business Types and Geographic Locations

Please complete this checklist by marking all that apply.

Identifying Business Types

- Is any part of your business operating in one or more of the following capacities (Money Service Business)?
 - Currency dealer or exchanger
 - Check casher
 - Issuer of traveler's checks, money orders or stored value
 - Seller or redeemer of traveler's checks, money orders or stored value
 - Money transmitter
 - Private postal service
- Does your business process transactions derived from online gambling?
- Do you now or do you intend to contract directly with an Originating Depository Financial Institution (ODFI) for the purpose of releasing ACH entries into the network on behalf of other companies or entities (Third Party Sender)?
- Does your business accept payments online?
- Does your business offer credit repair services?
- Does your business accept mail or telephone orders?
- Does your business offer payday loans?
- Is your business a non-governmental organization (Charitable Organization)?
- Does your business operate as an offshore corporation?
- Does your business have any locations or facilities located offshore?
- Is your business cash intensive (convenience stores, parking garages, restaurants)?
- Is your business involved in the adult entertainment business?
- Does your business involve any of the following products or services? *(check all that apply)*

<ul style="list-style-type: none"> <input type="checkbox"/> Apartment Houses <input type="checkbox"/> Auctions <input type="checkbox"/> Auto Rentals Agencies <input type="checkbox"/> Bail Bond Services <input type="checkbox"/> Bars/Taverns <input type="checkbox"/> Collection Agencies <input type="checkbox"/> Companion or Escort Services <input type="checkbox"/> Computer Hardware and Software <input type="checkbox"/> Computer Online Services <input type="checkbox"/> Consignment Stores <input type="checkbox"/> Contractors/Home Repairs <input type="checkbox"/> Cooperative Discount Groups <input type="checkbox"/> Credit Restoration/Repair Services <input type="checkbox"/> Drug Paraphernalia <input type="checkbox"/> Employment Agencies <input type="checkbox"/> Furniture Stores 	<ul style="list-style-type: none"> <input type="checkbox"/> Gambling Establishments <input type="checkbox"/> Health Spas/Clubs <input type="checkbox"/> Income Tax Services <input type="checkbox"/> Insurance Agencies <input type="checkbox"/> Internet Merchants <input type="checkbox"/> Investment Opportunities <input type="checkbox"/> Law Firms engaged in Bankruptcy <input type="checkbox"/> Limousine or Taxi Service <input type="checkbox"/> Long Distance Providers <input type="checkbox"/> Lotteries or Raffles <input type="checkbox"/> Mall Kiosks <input type="checkbox"/> Mailing Lists <input type="checkbox"/> Massage Parlors <input type="checkbox"/> Modeling Agencies <input type="checkbox"/> Network Providers <input type="checkbox"/> Payment Processors 	<ul style="list-style-type: none"> <input type="checkbox"/> Pawn Shops <input type="checkbox"/> Professional Billing Services <input type="checkbox"/> Real Estate Services <input type="checkbox"/> Resort Land Promotions <input type="checkbox"/> Resume Preparers <input type="checkbox"/> Sexual Encounter Agencies <input type="checkbox"/> Sports Forecasting <input type="checkbox"/> Talent Booking Agencies <input type="checkbox"/> Tattoo Parlors <input type="checkbox"/> Third Party Hotel Reservation Services <input type="checkbox"/> Towing Agencies <input type="checkbox"/> Travel Agencies <input type="checkbox"/> Used Auto Sales <input type="checkbox"/> Vitamin and Supplement Sales <input type="checkbox"/> Water Purification <input type="checkbox"/> Website Hosting
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
- Does your business involve any of the following sales methods? *(check all that apply)*

<ul style="list-style-type: none"> <input type="checkbox"/> Door to Door <input type="checkbox"/> Flea Markets <input type="checkbox"/> Membership Type Businesses 	<ul style="list-style-type: none"> <input type="checkbox"/> Neighborhood Party Sales <input type="checkbox"/> Prepaid Services <input type="checkbox"/> Pyramid/Multi-Level Sales
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Identifying Geographic Locations

- If your business operations involves any location other than the United States, please list these countries here:

STEP 2:

TRANSFER AUTOMATIC TRANSACTIONS

This section contains the following helpful items:

Checklist

- Automatic Payments & Incoming Deposits Checklist

Worksheets

- Automatic Payments Worksheet
- Incoming Deposits Worksheet

Forms

- Client Information Form
- Automatic Payment Request Form
- Incoming Deposit Request Form

We also offer Full Service Consumer Banking Services, & more!

STEP 2: TRANSFER AUTOMATIC TRANSACTIONS

GET READY TO SWITCH

After your new BAC Community Bank account is open, complete the rest of this Switch Kit for a smooth banking transition. Using the *Client Information Form* in this section will pre-fill much of your information in the remaining forms and worksheets that make up this kit.

Enter the basic information about your organization, your past banking relationship, and your new account with BAC Community Bank.

Use the worksheets on the next few pages and the checklists below to help ensure all of your current automatic transactions are moved to your new account.

If you need assistance, feel free to call us at 1-877-226-5820 or visit us online at www.bankbac.com.

AUTOMATIC PAYMENTS CHECKLIST

- Association / Membership Dues
- Charitable Donations
- Credit / Debit / Prepaid Cards
- Employee Benefits (if outside of payroll)
- Insurance Payments
- Lease / Loan / Mortgage Payments
- Merchant Services (debit and credit)
- Payroll Processing (if using a third party)
- Professional Services / Subscriptions
- Supply / Vendor Payments
- Tax Payments (federal, state & local)
- Transfers / Sweeps to Other Institutions
- Utilities (electric, gas, internet, phone, etc.)
- _____
- _____
- _____

INCOMING DEPOSITS CHECKLIST

- Client Payments
- Commissions
- Dividends
- Interest Income
- Lockbox Services
- Reimbursements
- Remote Deposit
- Tax Refunds
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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Congratulations on opening your new BAC Community Bank account!

To prepare a smooth and easy transition from your old bank account to your new BAC account, use the form below to enter basic information about your organization, your past banking relationship, and your new account with BAC Community Bank.

Some of the information you enter below will pre-fill much of the information you'll need on forms and other documents within the rest of this Switch Kit.

YOUR ORGANIZATION'S INFORMATION		
ORGANIZATION NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER (WITH AREA CODE)		
CONTACT NAME		
EMAIL ADDRESS		
YOUR FORMER BANK		
FORMER BANK NAME		
FORMER BANK ABA ROUTING NUMBER	FORMER BANK ACCOUNT NUMBER	
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Memo: _____ 000000000000 123456789 0000000000000000 000 </div> <p>Sample routing transit number – On business checks, the routing number is the second set of nine-digit numbers found on the bottom of the check.</p>		
YOUR BAC COMMUNITY BANK INFORMATION		
BAC COMMUNITY BANK ABA ROUTING NUMBER	BAC COMMUNITY BANK ACCOUNT NUMBER	
121125660		
BAC COMMUNITY BANK ADDRESS		

NOTES

This document serves as a written request to have our current Automatic Payment transferred to our new BAC Community Bank account according to the instructions below.

TO (NAME OF PAYEE ORGANIZATION):
ADDRESS:
FAX NUMBER:

My Company Information:

<input type="checkbox"/> Change my existing Automatic Payment	EFFECTIVE DATE:	AMOUNT:	ACCOUNT NUMBER WITH PAYEE ORGANIZATION: (IF APPLICABLE)
COMPANY NAME:			
CONTACT NAME:			
COMPANY ADDRESS:			
CITY:	STATE:	ZIP:	DAYTIME PHONE NUMBER:

Old Bank Account Information:

The Automatic Payment is currently being withdrawn from the following account:

FORMER BANK NAME:	
FORMER BANK ABA ROUTING NUMBER:	
FORMER BANK ACCOUNT NUMBER:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market

New Bank Account Information:

Please redirect this Automatic Payment from our new BAC Community Bank account as follows:

NAME OF NEW BANK: BAC Community Bank	
BAC COMMUNITY BANK ABA ROUTING NUMBER: 121125660	
BAC COMMUNITY BANK ACCOUNT NUMBER:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market

Authorization:

I authorize _____ (payee) to initiate payments from our BAC Community Bank account indicated above, and to make (if necessary) adjustments for any debit made in error to our account. This authority will remain in effect until we have given written notice to terminate this service.

SIGNATURE	DATE
PRINT NAME AND TITLE	

NOTE TO BAC COMMUNITY BANK ACCOUNT HOLDER: Please make sure that all automatic payment and direct deposit requests have been processed prior to closing your old account. This process can take 1-2 months to take effect.

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This document serves as a written request to have our current ACH credit automatically deposited to our new BAC Community Bank account according to the instructions below.

TO (DEPOSIT ORIGINATING ORGANIZATION):
ADDRESS:
FAX NUMBER:

My Company Information:

Change my existing Incoming Deposit (ACH)

EFFECTIVE DATE:

ACCOUNT NUMBER WITH DEPOSIT ORIGINATING ORGANIZATION:
(IF APPLICABLE)

COMPANY NAME:			
CONTACT NAME:			
COMPANY ADDRESS:			
CITY:	STATE:	ZIP:	DAYTIME PHONE NUMBER:

Old Bank Account Information:

The ACH Credit is currently being deposited into the following account:

FORMER BANK NAME:	
FORMER BANK ABA ROUTING NUMBER:	
FORMER BANK ACCOUNT NUMBER:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market

New Bank Account Information:

Please redirect this ACH Credit to our new BAC Community Bank account as follows:

NAME OF NEW BANK: BAC Community Bank	
BAC COMMUNITY BANK ABA ROUTING NUMBER: 121125660	
BAC COMMUNITY BANK ACCOUNT NUMBER:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market

Authorization:

I authorize _____ (organization sending funds to our account) to make deposits directly to our BAC Community Bank account indicated above, and to make (if necessary) adjustments for any credit made in error to our account. This authority will remain in effect until we have given written notice to terminate this service.

SIGNATURE	DATE
PRINT NAME AND TITLE	

NOTE TO BAC COMMUNITY BANK ACCOUNT HOLDER: Please make sure that all automatic payment and direct deposit requests have been processed prior to closing your old account. This process can take 1-2 months to take effect.

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STEP 3:

CLOSE YOUR OLD ACCOUNTS AT YOUR FORMER BANK OR CREDIT UNION

This section contains the following helpful items:

Checklist

- Account Closing Checklist

Form

- Account Closing Request

*We also offer Full Service Consumer
Banking Services, & more!*

STEP 3: CLOSE YOUR OLD ACCOUNTS

PREPARING TO CLOSE YOUR OLD ACCOUNTS

Before closing your old accounts, use the checklist below to make sure all automatic transfers have transitioned to your new BAC Community Bank accounts.

After verifying all outstanding transactions have cleared the old accounts, download your account history and electronic documents from your old bank. Then complete the *Account Closing Request* form in this section, print it, sign it, and provide to your old financial institution for processing.

You may also wish to contact your old institution to make sure they do not require any additional forms or documentation to process your request.

If you need assistance, feel free to call us at 1-877-226-5820 or visit us online at www.bankbac.com.

ACCOUNT CLOSING CHECKLIST

- Make sure your old debit card is not being used for any transactions
- Make sure your old accounts no longer have any active online bill payments scheduled
- Verify that all outstanding transactions have cleared your old account
- Download and save all available electronic documents (Statements, Tax Documents, etc.)
- Download and save all transaction activity for future reference (Save as a standard *.csv file to access with spreadsheet software, such as Excel; if you have been using Quicken, QuickBooks, or some other accounting software to reconcile your accounts, download your final transaction activity in the appropriate format and import into your preferred software.)
- Complete and sign the *Account Closing Request* form in this section
- Send your signed and completed *Account Closing Request* form to your old financial institution
- Shred your old ATM / Debit Card
- Shred your old checks
- _____
- _____
- _____

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Please close our account(s) described below as indicated and forward any remaining funds in the account(s) by check to the address indicated. If you have any questions about this request, please contact me.

FINANCIAL INSTITUTION NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
FAX NUMBER:		

The following account number(s) indicate the account(s) to be closed:

EFFECTIVE DATE:

ACCOUNT NUMBER:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings / CD <input type="checkbox"/> Money Market	ACCOUNT NAME(S)
ACCOUNT NUMBER:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings / CD <input type="checkbox"/> Money Market	ACCOUNT NAME(S)
ACCOUNT NUMBER:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings / CD <input type="checkbox"/> Money Market	ACCOUNT NAME(S)
ACCOUNT NUMBER:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings / CD <input type="checkbox"/> Money Market	ACCOUNT NAME(S)
ACCOUNT NUMBER:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings / CD <input type="checkbox"/> Money Market	ACCOUNT NAME(S)
ACCOUNT NUMBER:	<input type="checkbox"/> Other	ACCOUNT NAME(S)

Please send a check for the remaining balance to:

COMPANY NAME		
COMPANY ADDRESS:		
CITY:	STATE:	ZIP:

For any questions regarding this request, please contact:

CONTACT NAME:	CONTACT PHONE:
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Thank you for your attention to this request.

SIGNATURE	PRINTED NAME AND TITLE	DATE
SIGNATURE	PRINTED NAME AND TITLE	DATE
SIGNATURE	PRINTED NAME AND TITLE	DATE
SIGNATURE	PRINTED NAME AND TITLE	DATE