



PERSONAL 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



PERSONAL ACCOUNT SWITCH KIT

Welcome to BAC Community Bank!

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

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, and are available to help at your local branch or by telephone at 1-877-226-5820.

STEP 1: OPEN YOUR NEW BAC PERSONAL ACCOUNTS

- Apply Online at www.bankbac.com
-or-
- Complete Your Customer 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 Companies 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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www.bankbac.com

Customized Personal Banking Solutions to serve your individual and household needs.

Deposit Services

Personal Deposit Accounts
Personal Savings, CDs, CDARS,
Sweeps

Other Banking Services

Debit MasterCard® with EMV
24 Hour Telephone Banking
24 Hour ATMs (select locations)
Drive-Up Service (select locations)
Saturday Hours (select locations)

Personal Internet Banking

Online Banking
Online Bill Pay
Account Alerts
Download Activity
Electronic Statements
Stop Payments
Internal Transfers
Images of Checks and Deposits

Mobile Apps

Touch Banking
 Mobile Banking
 Mobile Bill Pay
 Mobile Deposit
MobiMoney
 Debit Card Control / Manager
MoneyIsland
PiggyBot

Personal Loans / Lines of Credit

Consumer Loans / Lines of Credit
Automobile Loans
Mortgage Loans

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

STEP 1: OPEN YOUR NEW ACCOUNTS AT BAC COMMUNITY BANK

STEP 1: OPEN YOUR NEW BAC PERSONAL ACCOUNTS

BANK DOCUMENTS

If you have applied for a new account online at www.bankbac.com, information requested on the following forms has already been collected during the online application process. You do not need to complete these forms again.

If you are stopping by your local branch office to open your first account at BAC Community Bank, please bring the following completed forms with you:

EACH ACCOUNT

- Customer Account Profile (CAP)

EACH SIGNER

- Customer Identification Profile (CIP)

LEGAL DOCUMENTS—When establishing a new deposit account relationship at BAC Community Bank, we will need to properly identify each account signer.

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

EACH SIGNER

- 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 INFORMATION

ACCOUNT PURPOSE AND ANTICIPATED ACTIVITY

PLEASE IDENTIFY THE PURPOSE OF THE ACCOUNT:

Household/Living Expenses Savings Home Business Specific Purpose:

DO YOU ANTICIPATE ANY OF THE FOLLOWING TYPES OF TRANSACTION ACTIVITY?

1. Sending or receiving Domestic Wires? Yes No (go to #2)

If Yes, please estimate average monthly transactions: Domestic Wires Sent \$ _____ Domestic Wires Received \$ _____
Reason for this Activity:

2. Sending or receiving International Wires? Yes No (go to #3)

If Yes, please estimate average monthly transactions: International Wires Sent \$ _____ International Wires Received \$ _____
Reason for this Activity:

3. Regular cash transactions > \$3000 per month? Yes No

If Yes, please estimate average monthly transactions: Cash Deposits \$ _____ Cash Withdrawals \$ _____
Reason for this Activity:

CUSTOMER NUMBER:	PORTFOLIO NUMBER:	ACCOUNT NUMBER:	CLASS CODE:	ACCOUNT OPENED BY:	DATE COMPLETED:
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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):

1. 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:

2. 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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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 Business 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.

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.

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 your basic information, your past banking relationship, and your new account with BAC Community Bank.

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 (Gym, Club, etc.)
- Charitable Donations
- Credit / Debit / Prepaid Cards
- Insurance (Auto, Health, Home, Life, Rental, etc.)
- Investments
- Lease / Loan (Auto, Personal, Education, etc.)
- Mortgage / Rent
- Professional Services
- Subscriptions
- Tax Payments (federal, state & local)
- Transfers / Sweeps to Other Institutions
- Utilities (cable, electric, garbage, gas, internet, phone, sewer, water, etc.)
- _____
- _____
- _____

INCOMING DEPOSITS CHECKLIST

- Dividends
- Federal Salary
- Interest Income
- Investments
- Military Pay
- Payroll Direct Deposit
- Retirement / Pension Plans
- Social Security
- Supplemental Security Income
- Tax Refunds
- Transfers / Sweeps from Other Institutions
- VA Compensation
- _____
- _____
- _____
- _____

IT'S A GOOD IDEA TO WAIT FOR YOUR OLD ONLINE BILL PAYMENTS TO PROCESS BEFORE SETTING UP PAYMENTS ON YOUR NEW ACCOUNT.

TO AVOID ACCIDENTALLY PAYING BILLS TWICE DURING YOUR TRANSITION, BE SURE TO DISABLE ANY FUTURE SCHEDULED PAYMENTS ON YOUR OLD ACCOUNT.

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Use the Automatic Payments Checklist on the first page of this section of your Switch Kit and copies of this worksheet to record information for companies that will be making automatic deductions from your new BAC Community Bank account.

NOTE: Consider how you make payments now and whether there are other regular payments that you could make using your BAC Online Bill Pay, Consumer Debit Card, or other automatic payments instead of writing checks.

Mark the entry as "complete" after confirming the first payment has been successfully made to this payee.

Payment	Company/Phone	Account Number	Amount	Payment Date	Payment Method*	Date Contacted	Follow-Up Date	Switch Confirmed
Example - Automobile Lease	Smith Auto Sales / 209-555-5555	1234567890	\$498.50	24 th of month	Online Bill Pay	N/A	N/A	1/25/17
NOTES								

Payment Set-Up

To switch each payment, contact the companies you want to make payments to and provide them with your new information. This may be done by using the sample letter in this kit, by telephone, or online using the company's website.

If you are switching to a Bill Payment or Debit Card payment option, make sure the company cancels any other automatic payment set up.

*Automatic electronic payments can be made by the following methods:

- **Online Bill Pay** – Log on to Online Banking at www.bankbac.com and set up the Payee. Then schedule payments.
- **Debit Card** – Contact the company you want to pay and provide them your BAC Consumer Debit Card information.
- **ACH** – Contact the company you want to pay and provide them your BAC Consumer Checking account information.

Please make sure that all automatic payment and direct deposit requests have been processed prior to closing your old account. When initiated outside of BAC Online Bill Pay, this process can take 1-2 months to take effect.



Use the Incoming Deposits Checklist and copies of this worksheet to record information for companies that will be making automatic deposits into your new BAC Community Bank account.

Mark the entry as “complete” after confirming the first deposit has been successfully received from this payee.

Deposits	Company / Phone	Account Number	Amount	Deposit Date	Date Mailed or Contacted	Follow-Up Date	Switch Confirmed
Example – Acme Payroll	Acme Corporation / 209-555-5555	Employee # 123456	Varies	1 st & 15 th	11/3/16	12/19/16	1/17/17

NOTES

Please make sure that all automatic payment and direct deposit requests have been processed prior to closing your old account. When initiated outside of BAC Online Bill Pay, this process can take 1-2 months to take effect.

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 Community Bank account, use the form below to enter basic information about yourself, 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.

ACCOUNT HOLDER INFORMATION		
ACCOUNT HOLDER #1:		
ACCOUNT HOLDER #2		
ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER (WITH AREA CODE)		
EMAIL ADDRESS		
YOUR FORMER BANK		
FORMER BANK NAME		
FORMER BANK ABA ROUTING NUMBER	FORMER BANK ACCOUNT NUMBER	
<p>Memo: _____</p> <p>123456789 00000000000 00000</p> <p>Sample routing transit number – On personal checks, the routing number is the first 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 my current Automatic Payment transferred to my new BAC Community Bank account according to the instructions below.

NAME OF PAYEE ORGANIZATION:
ADDRESS:
FAX NUMBER:

My Information:

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

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 my 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 my 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 I have given written notice to terminate this service.

SIGNATURE	DATE
PRINT NAME	

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.

DEPOSIT ORIGINATING ORGANIZATION:
ADDRESS:
FAX NUMBER:

My Information:

<input type="checkbox"/> Change my existing Incoming Deposit (ACH)	EFFECTIVE DATE:	ACCOUNT NUMBER WITH DEPOSIT ORIGINATING ORGANIZATION: (IF APPLICABLE)	
NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	DAYTIME PHONE NUMBER:
DEPOSIT INFORMATION:			

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 I have given written notice to terminate this service.

SIGNATURE	DATE
PRINT NAME	

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.

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 Business
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 my 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:

NAME OF ACCOUNT HOLDER(S)		
ADDRESS		
CITY:	STATE:	ZIP:

For any questions regarding this request, please contact me.

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

SIGNATURE	PRINTED NAME	DATE
SIGNATURE	PRINTED NAME	DATE
SIGNATURE	PRINTED NAME	DATE
SIGNATURE	PRINTED NAME	DATE