



**Vista Bank**<sup>™</sup>

*Account Switch Kit*

# Close Prior Personal Account

To Whom It May Concern:

**Prior Bank Information**

Name

Bank Address

City

State

Zip

Bank Phone

Effective immediately, please close the following account.

Account Number

Primary Account Holder

Joint Account Holder

**Personal Information:**

Please forward any remaining funds in the account by check to the following address.

Name

Home Address

City

State

Zip

Remit questions and/or concerns to the primary account holder. Phone numbers below.

Home Phone

Work Phone

Thank you for your assistance regarding this request.

Primary Account Holder Signature

Date

Joint Account Holder Signature (if applicable)

Date

*Please note, this form will need to be mailed to your prior bank in order to have your account closed.*



# Personal New Account

Please note, the personal information you provide will need to be verified in one of our branches before the account can be approved and opened.

Individual Account  Joint Account

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_ State \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

E-mail Address \_\_\_\_\_

Yes  No

Current Employer \_\_\_\_\_ Self Employed \_\_\_\_\_

Work Address (Street, City, State, Zip) \_\_\_\_\_ Type of Business \_\_\_\_\_

Occupation \_\_\_\_\_ Title (Optional) \_\_\_\_\_ Start Date \_\_\_\_\_

*If Joint Account, please complete the following.*

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_ State \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

E-mail Address \_\_\_\_\_

Yes  No

Current Employer \_\_\_\_\_ Self Employed \_\_\_\_\_

Work Address (Street, City, State, Zip) \_\_\_\_\_ Type of Business \_\_\_\_\_

Occupation \_\_\_\_\_ Title (Optional) \_\_\_\_\_ Start Date \_\_\_\_\_

**Please check one of the following:**

- Individual  
 Payable-On-Death  
 UTMA/UGMA

- Joint With Right of Survivorship  
 In Trust For (Totten Trust)  
 Revocable Trust

**Other Services**

- Visa Check Card  Wire Transfer  
 Check Order  Online Banking  
 Safe Deposit Box (if applicable)  Online Bill Pay

**Checking Accounts**

- View  Horizon Interest  
 Horizon  Vista  
 Horizon Senior  Vista Smart

**Saving/Money Market Accounts**

- Personal Savings  
 Youth Savings  
 Money Market

**Certificate of Deposit**

- CD  
 IRA

To Whom It May Concern:

**Personal Information:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

Please establish the following for the client above.

Create a New Automatic Payment

Change My Current Automatic Payment

**Bill Payment Information:**

\_\_\_\_\_  
Name Of Business or Vendor

\_\_\_\_\_  
Account Number with Payee

Please Debit My Vista Bank Checking Account

Please Charge My Vista Bank Check Card

\_\_\_\_\_  
111314575

Routing Number

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Checking Account Number

Attach a voided check or deposit slip below.

\_\_\_\_\_  
Expiration Date

**Authorization:**

I authorize \_\_\_\_\_ (payee) to initiate payments from my Vista Bank account as indicated above and to make adjustments for any debit made in error if necessary. This authority will remain in effect until I have given written notice to terminate this service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

TO HAVE YOUR ACCOUNT DEBITED,  
PLACE A VOIDED CHECK HERE.

Please note, when form is completed it needs to be mailed to business or vendor, whom you are instructing to make payment electronically from your account.



---

 Name of Company Making Direct Deposit

---

 Address

---

 City

---

 State

---

 Zip
**To Whom It May Concern:**

I would like to establish a direct deposit of my income into my Vista Bank account as instructed below.

Please:  Create A New Direct Deposit  Change My Current Direct Deposit

**Personal Information:**


---

 Name

---

 Home Address

---

 City

---

 State

---

 Zip

---

 Home Phone

---

 Work Phone
**Vista Bank Checking Account Information:**

Bank Name: Vista Bank

Routing Number: 111314575

Account Number: \_\_\_\_\_

**Authorization:**

I authorize \_\_\_\_\_ (company) to make deposits directly to my Vista Bank account as indicated above and to make any adjustments for credit made in error to my account as necessary. This authority will remain in effect until I have given written notice to terminate this service.

---

 Signature

---

 Date

**TO HAVE YOUR ACCOUNT CREDITED,  
PLACE A VOIDED CHECK OR DEPOSIT SLIP HERE.**

## Vista Bank

Branch Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Send Wire to: The Bankers Bank

Routing/ ABA Number: 1030 0361 6

For Credit of: Vista Bank

Account Number: 111314575

### For Further Credit: Customer Name and Visa Bank Account

Account Number: \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\$ \_\_\_\_\_

Wire Amount \_\_\_\_\_

Special Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_