



New Account Application



- Account Type: Checking
 Savings
 Kasasa Checking
 W/ Saver

Applicant Information

Last: _____ First: _____ Middle: _____ SSN: _____

Birthdate: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home Street Address: _____ City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip Code: _____

Preferred Email Address: _____

Joint Applicant Information

Last: _____ First: _____ Middle: _____ SSN: _____

Birthdate: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home Street Address: _____ City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip Code: _____

Preferred Email Address: _____

Statement Delivery:

- Mailed Paper Statement
- E-mailed Statement
- Digital Banking (Requires a Digital Banking Account)

- I am interested in signing up for Digital Banking for this account.



Direct Deposit Transfer Letter



Complete this form for every company (i.e. employer, vendor) Initiating a direct deposit to your account. Then give this signed form, along with a voided check from your new CLB The Community Bank account, to the party making the direct deposit.

Establish Direct Deposit:
Change my Existing Direct Deposit:

Company Information

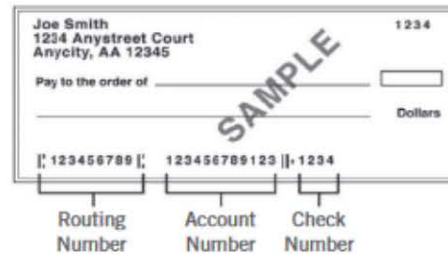
Company Name: _____
Address: _____
City: _____ State/Zip: _____ Phone: _____

Customer Information

Name: _____ Employee ID #/Account #: _____
SSN: _____
Address: _____
City: _____ State/Zip: _____ Phone: _____

CLB The Community Bank Information:

Routing Number: **111101911**
Account Number: _____



Deposit Information:

Note: You can route your direct deposit to more than one account, if your employer allows.

1. Account Type:
CLB Checking Account
CLB Savings Account
Account Number: _____
Amount \$ or %(circle one): _____

2. Account Type:
CLB Checking Account
CLB Savings Account
Account Number: _____
Amount \$ or %(circle one): _____

I authorize _____ (employer/company) to make deposits directly to my CLB The Community Bank account(s) indicated above, and authorize the bank to accept such deposits.

Customer Signature

Date



Automatic Payment Transfer



Complete and sign this form for every company to which you are initiating an automatic payment. Then, give this signed form, along with a voided check from your new CLB The Community Bank account, to the company receiving the automatic payment.

Establish Automatic Payment:
Change my Existing Automatic Payment:

Company Information

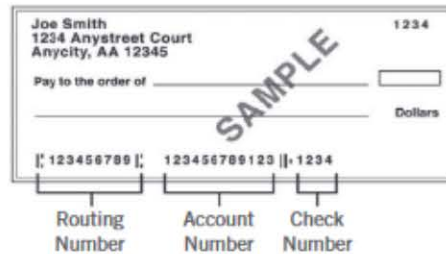
Company Name: _____
Address: _____
City: _____ State/Zip: _____ Phone: _____

Customer Information

Name: _____ Employee ID #/Account #: _____
SSN: _____
Address: _____
City: _____ State/Zip: _____ Phone: _____

CLB The Community Bank Information:

Routing Number: 111101911
Account Number: _____
CLB Checking:
CLB Savings:



I authorize _____ (employer/company) to make automatic payments from my CLB The Community Bank account(s) indicated above, and authorize the bank to accept such deposits.

Customer Signature

Date

Automatic Payment and Deposit Checklist

Automatic Payment Checklist

Payment	Company	Account Number	Date of Payment
Mortgage/Rent			
Auto Loans			
Insurance:			
Life:			
Home Owner's:			
Car:			
Pet:			
Other:			
Credit Cards:			
Gas/Oil:			
Electric:			
Cable/Satellite TV:			
Telephone:			
Cell Phone:			
Water/Sewer:			
Internet Provider:			
Health Club:			
Investments:			
IRA/Retirement:			
Charities:			
Daycare:			
Other:			
Other:			
Other:			
Other:			
Other:			

Automatic Deposit Checklist

Deposit	Company	Account Number	Date of Deposit
Employee Payroll:			
Pension/Retirement:			
Social Security:			
Investment Incomes:			
Other:			



Account Closure Request



Name of the financial institution
you wish to close your account with: _____

Address: _____

City: _____ State/Zip: _____ Phone: _____

To Whom It May Concern:

Please accept this letter as my authorization to close the accounts listed below effective as of _____ (date). To the best of my knowledge, all transactions including ATM/Debit card, automatic deposits/payments, and checks written have posted to the following accounts.

Account Number: _____

Customer Signature

Date