

Welcome to Central Valley Community Bank. You deserve a relationship with a bank that offers responsive service, expertise and a wide range of products and services. Switching accounts may seem overwhelming, but our SwitchKit guides you through the process.



Set Up Your Account

Provide the basic information for your new account. There are a variety of checking and savings plans available, so bring this information to a banking specialist and we will help tailor the account to meet your specific needs.



Change Your Direct Deposit Transfer direct deposits from your old checking and savings account to your new CVCB account by completing the "Change Direct Deposit" form. Take or mail the completed form to:

- Your employer's human resources department
- Companies handling retirement or pension payments
- Brokerage companies (interest, dividends)
- Contact the Social Security Administration directly for instructions to change SSI payments to your CVCB account at 800-772-1213 or go to www.ssa.gov.



To change automatic withdrawals to your new account, make copies of the "Change Automatic Withdrawal" form and send to each company that withdraws from your account. This may include:

- Utilities
- Insurance
- Loans/Mortgages
- Internet/Phone Service

Within a few weeks, contact each company and confirm that they received and processed your request.



Previous accounts should be left open and with enough money for outstanding checks and automatic withdrawals to clear. This may take several weeks. Once you know the old account is inactive, send the "Close Account" form to your former bank and request the balance from that account, then destroy old checks, ATM/debit cards and deposit slips.

Questions? Call one of our Banking Specialists at (800) 298-1775 or stop by one of our convenient locations and we will be happy to help.







1 Open Your Checking Or Savings Account

Provide the basic information to open your account: **Account Holder 1**

Full Name:	Social Security #:	Social Security #:		
Physical Address:	City, State, Zip:	City, State, Zip:		
Alternate Address:	City, State, Zip:	City, State, Zip:		
Home Ph:	Work Ph:	Work Ph:		
Employer:	Occupation:			
Birth Date: Birthplace:	Mother's Maiden Name:			
Primary ID (Type/Number):	Issue Date:	Exp. Date:		
Secondary ID (Type/Number):	Issue Date:	Exp. Date:		
Email Address:				
Account Holder 2				
Full Name:	Social Security #:			
Physical Address:	City, State, Zip:			
Alternate Address:	City, State, Zip:			
Home Ph:	Work Ph:			
Employer:	Occupation:			
Birth Date: Birthplace:	Mother's Maiden Name:			
Primary ID (Type/Number):	Issue Date:	Exp. Date:		
Secondary ID (Type/Number):	Issue Date:	Exp. Date:		
Email Address:				
For business accounts, please provide the (Additional information will be required to open and				
Business Name:	Tax ID#:			
Business Address:	City, State, Zip:			
Business Ph:	Business Fax:			
Business Email:				
☐ Sole Proprietorship				
☐ Partnership				
☐ Corporation				
☐ Association				











Change Direct Deposit	Effective Date:
Date:	
To:	
(Employer/Depositor's Name)	
(Address)	
(City, State, Zip)	
To Whom It May Concern:	
This form is notification that I have established a new ac Please discontinue direct deposits to my old account nu (Bank) and immedian	umber (account number) with
Central Valley Community Bank	Attn:
7100 N. Financial Drive, Ste. 101 Fresno, CA 93720	(Branch Name)
	(Central Valley Community Bank Rep)
Routing Number: 121137726	
Account Number: ☐ Savings ☐ Checking (check one)	
My contact information is below should you require add	itional information or if you have any questions. Thank you.
Account Holder Contact Information:	
Signature:	Name (print):
Address:	City, State, Zip:
Phone Number:	









Change Automatic Withdrawal		Effective Date:		
Date:				
To:				
(Name of company that initial	ates the automatic withdrawal)			
(Address)				
(City, State, Zip)				
To Whom It May Concern:				
Please stop withdrawals in	the amount of \$	for		
			(payment/type/description)
Former Bank:		Routing Nu	ımber:	
Account Number:		Or Card Number:		
Please start withdrawing fron	n my checking account or card s	hown below:	:	
☐ My account at: Cel 710	n my checking account or card s ntral Valley Community Bank 00 N. Financial Drive, Ste. 101 sno, CA 93720			me)
☐ My account at: Cel 710	ntral Valley Community Bank 00 N. Financial Drive, Ste. 101		: (Branch Nar	
☐ My account at: Cel 710 Free	ntral Valley Community Bank 00 N. Financial Drive, Ste. 101		: (Branch Nar	ne)
☐ My account at: Cel 710 Fres	ntral Valley Community Bank 20 N. Financial Drive, Ste. 101 5no, CA 93720	Attn:	: (Branch Nar	ne) ley Community Bank Rep)
☐ My account at: Cer 710 Fres Roi Acc	ntral Valley Community Bank 20 N. Financial Drive, Ste. 101 5no, CA 93720 uting Number: 121137726	Attn:	(Branch Nar	ne) ley Community Bank Rep)
☐ My account at: Cer 710 Fres Ror Acc	ntral Valley Community Bank O N. Financial Drive, Ste. 101 sno, CA 93720 uting Number: 121137726 count Number: Savings	Attn:	(Branch Nar (Central Vall	ne) ley Community Bank Rep)
☐ My account at: Cer 710 Fres Ror Acc ☐ S ☐ My Central Valley Communicard Number:	ntral Valley Community Bank OO N. Financial Drive, Ste. 101 sno, CA 93720 uting Number: 121137726 count Number: Savings Checking (check of the count of the	Attn: one) Expiration: _	:(Branch Nar	ne) ley Community Bank Rep)
☐ My account at: Cer 710 Fres Ror Acc ☐ S ☐ My Central Valley Communicard Number:	ntral Valley Community Bank 20 N. Financial Drive, Ste. 101 20 Sino, CA 93720 Liting Number: 121137726 Count Number: Savings	Attn: one) Expiration: _	:(Branch Nar	ne) ley Community Bank Rep)
☐ My account at: Cer 710 Fres Ror Acc ☐ S ☐ My Central Valley Commun Card Number: My contact information is bel Account Holder Authorization	ntral Valley Community Bank 20 N. Financial Drive, Ste. 101 20 Sino, CA 93720 Liting Number: 121137726 Count Number: Savings	Attn: Dine) Expiration: _	(Branch Nar (Central Vall	ne) ley Community Bank Rep) CVV: ave any questions. Thank you.



Phone Number: _____ Customer Account Number: ____







4 Request to Close Account

Date:	
То:	
(Financial Institution Name)	
(Address)	
(City, State, Zip)	
To Whom It May Concern: Please close my account(s) at your institution immediate	ely following the credit of interest earned on my account:
Account Numbers:	
I hereby authorize and instruct you (the previous bank na send the total remaining balance to Central Valley Comm	
☐ All checks and debits have cleared the account (s), ar transferred to my new account.	nd all automatic payments and debits have been
Central Valley Community Bank	Attn:
7100 N. Financial Drive, Ste. 101 Fresno, CA 93720	(Branch Name)
Routing Number: 121137726	(Central Valley Community Bank Rep)
Account Number: Savings ☐ Checking (check one)	
My contact information is below should you require addit	tional information or if you have any questions. Thank you.
Account Holder 1 Signature:	Date:
Account Holder 1 Name (print):	
Account Holder 2 Signature:	Date:
Account Holder 2 Name (print):	
Address:	City, State, Zip:
Phone Number:	

Note: Central Valley Community Bank can neither predict nor control any closing fees that may be accessed by another financial institution in the fulfillment of this request.









List Your Bill Pay, Debit/Credit Card Debits and Recurring Transfers

List all automatic bill pay transactions you have set up in online banking, debit/credit card recurring debits, or any automatic or online account-to-account transfers that you may need to re-establish.

Payee/Address	Phone/Fax	Amount/Account Number				
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