

SWITCHING IS A SNAP!



Independence
BANK

Switch Kit
for Personal Accounts

ibyourbank.com





Switch Kit

Step 1: Open Your Personal Independence Bank Account

Opening your personal account is easy. Gather the information below before you come into the branch to open your account:

Legal Name (should match how Social Security Card reads): _____

Social Security Number: _____ Date of Birth: _____

Physical Address: _____

Mailing Address: _____

Email: _____ Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Form of Identification: ☐ Drivers License ☐ Passport ☐ Tribal ID ☐ Other _____

ID Number: _____ Issue Date: _____ Exp. Date: _____

Issued By (e.g., State, Country, Tribe, etc.): _____

If this is a joint account, you will need to gather the above information for all signers on the account.

BENEFICIARY INFORMATION (ONLY IF APPLICABLE)

Beneficiary Legal Name(s): _____

Beneficiary SSN(s): _____ Beneficiary Date of Birth(s): _____

Relation to Beneficiary: _____

Mailing Address: _____

Email: _____ Home Phone: _____ Cell Phone: _____

HEALTH SAVINGS ACCOUNT INFORMATION (ONLY IF APPLICABLE)

Type of Health Insurance Plan Coverage: ☐ Self-Only ☐ Family

Contribution Year (current or previous year only): _____

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record all information that identifies each person and business who opens or is added to an account. What this means for you: When you open an account or are being added as a signer to an account, we will ask for your business name, address, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.



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Step 2: Change Your Direct Deposits

Complete this form and submit it at any company or organization that is automatically depositing funds to your existing checking account (e.g., payroll, pension, or dividends).

To: _____

Company Name

Address

City

State

Zip Code

To Whom It May Concern,

I've recently changed my banking relationship to Independence Bank. Please redirect my direct deposit into my new account:

Name

Address

City

State

Zip Code

Social Security Number

New Bank Name

Routing Number

Account Number

I hereby authorize my direct deposit to be sent to my new Independence Bank account. I have attached a voided check or bank letter for reference.

Signature


Date

Effective Date



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Step 3: Change Your Automatic Payments

Complete this form and submit it to any company or organization that is automatically withdrawing funds from your exiting checking account.

To: _____
Company Name

Address

City State Zip Code

To Whom It May Concern,

Effective ____/____/____, I hereby authorize my automatic payments to come from my account at Independence Bank.

Name

Address City State Zip Code

Social Security Number

Account Information

New Bank Name Routing Number Account Number

Account Type: ____ Checking ____ Savings

Signature

Date



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