



## Moving Your Money Is Easy!

Thank you for choosing **Pisgah Community Bank** for your banking solutions. There is a lot to think about when moving your accounts, so to make it easy, we've done the thinking for you. We would be happy to sit down with you and help make the process as easy as possible, right down to mailing these forms for you.

### The switch is a snap with these easy steps...

#### ☐ **Open Your New Account With Us**

Start by filling out our **New Account Information Form**. Then begin phasing out your existing account(s). Just leave enough funds for all your remaining checks/payments to clear. Shred your unused checks, debit cards, and deposit slips.

#### ☐ **Direct Deposit Form**

Redirect your existing direct deposits or initiate a direct deposit to your new account. Send the form(s) to all depositors and include your new deposit slip or a voided check with your form.

#### ☐ **Automatic Withdrawal Form**

Redirect your automatic withdrawals to your new account. Send the form(s) to all companies that you wish to change/add an automatic withdrawal. Remember those that use your old debit card number. **(Remember to use Online Bill Pay to control your payments.)**

#### ☐ **Closed Account Request Form**

Once all outstanding items have cleared your old account and you have moved your direct deposits and automatic withdrawals, complete the Closed Account Request Form and send it to your old bank. They will mail you a check for your remaining balance.

**It's that easy! We want your business and we'll work hard to earn it!** Relationships are what set us apart from other banks. If you need any assistance, please give us a call or stop in.

**Please be prepared to provide Pisgah Community Bank with the following:**

State Issued Photo Identification for each signer

### **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

*To help the government fight the funding of terrorism and money laundering activities, and the theft of your identity, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.*

*What this means for you: When you open an account, we will ask for your name, address, tax identification number (social security number or employer identification number), date of birth, and possibly other information that will allow us to identify you. We must also ask to see your driver's license or other identifying documents.*

**In all cases, protection of a customer's identity and confidentiality is our goal.**

1089 Hendersonville Road | Asheville, NC 28803 | Ph: 828.277.7127 | Fax: 828.277.3403  
www.pisgahcommunitybank.com





## New Account Information Form

### Signer 1 Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Signer 2 Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Signer  Beneficiary  
Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Signer  Beneficiary  
Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please note that Primary and Joint account holders will need to sign an official account form in person at our office before the account can be opened. Upon completion of this form, please email it to [ebank@pisgahcommunitybank.com](mailto:ebank@pisgahcommunitybank.com), bring it with you to Pisgah Community Bank, or fax it to 828-277-3403. For your own account security, we will need to photocopy your driver's license(s) or other form of ID, so we can have it on file to accurately identify you in the future. The purpose of this form is to begin the application process. Use additional pages for additional signers. All applications are subject to approval.

1089 Hendersonville Road | Asheville, NC 28803 | Ph: 828.277.7127 | Fax: 828.277.3403  
[www.pisgahcommunitybank.com](http://www.pisgahcommunitybank.com)





## Direct Deposit Form

*Social Security • Payroll & Commissions • Retirement Plan Dividends • Child Support*

Send this form to all of your current direct deposit contacts to redirect your deposits. If you do not currently have direct deposit, start today by filling out the information below, including your new account number, and sending it to your direct deposit contacts. Include your new deposit slip or a voided check with your form.

Date: \_\_\_\_\_  
Depositor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

### To Whom It May Concern:

This letter serves as a request to have my direct deposit transferred into my new account.

Currently deposited into my account with:

Current Bank: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Routing Number: \_\_\_\_\_

- Please redirect my direct deposit into my new account with:  
 Please set up a new direct deposit into my new account with:

**New Bank:** **Pisgah Community Bank**  
Account Number: \_\_\_\_\_  
Routing Number: 053112806  
Special Instructions: \_\_\_\_\_

If you have any questions, please don't hesitate to call me at 828-277-7127. Thank you.

Sincerely,

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Other information that may be needed (SSN, ID#, etc.): \_\_\_\_\_

1089 Hendersonville Road | Asheville, NC 28803 | Ph: 828.277.7127 | Fax: 828.277.3403  
[www.pisgahcommunitybank.com](http://www.pisgahcommunitybank.com)





## Automatic Withdrawal Form

*Utilities • Internet Service Providers • Loans • Vendors • Account Transfers*

Send this form to all companies you currently have automatic withdrawals set up with. Don't forget those that use your old debit card number and automatic payments made online. You may also use this form to set up new withdrawals. **(Remember to use Online Bill Pay to control your payments.)**

Date: \_\_\_\_\_  
Withdrawal Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

### To Whom It May Concern:

This letter serves as a request to have my automatic withdrawal transferred to my new account.

Currently withdrawn from my account with:

Current Bank: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Payment/Reason For: \_\_\_\_\_  
Date Withdrawn: \_\_\_\_\_

- Please redirect my withdrawal to my new account with:  
 Please set up a new withdrawal from my account with:

**New Bank:** **Pisgah Community Bank**  
Account Number: \_\_\_\_\_  
Routing Number: 053112806  
Special Instructions: \_\_\_\_\_

If you have any questions, please don't hesitate to call me at \_\_\_\_\_. Thank you.

Sincerely,

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

1089 Hendersonville Road | Asheville, NC 28803 | Ph: 828.277.7127 | Fax: 828.277.3403  
[www.pisgahcommunitybank.com](http://www.pisgahcommunitybank.com)





## Closed Account Request

Date: \_\_\_\_\_  
Old Bank's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

### To Whom It May Concern:

Please close the following account # \_\_\_\_\_ and send me a check for the remaining balance to the address below.

If you have any questions, please don't hesitate to call me at \_\_\_\_\_.  
Thank you.

Sincerely,

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Co-Signer Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

1089 Hendersonville Road | Asheville, NC 28803 | Ph: 828.277.7127 | Fax: 828.277.3403  
[www.pisgahcommunitybank.com](http://www.pisgahcommunitybank.com)

