

Simply Switch!

Account Application

| <u>Individual Account Holder</u> | <u>Joint Account Holder</u> |
|--|--|
| Name | Name |
| Address (physical & mailing) | Address (physical & mailing) |
| City, State, Zip | City, State, Zip |
| Home Phone | Home Phone |
| Cell Phone | Cell Phone |
| Work Phone | Work Phone |
| Email Address: | Email Address: |
| Driver's License #, State, Expiration Date | Driver's License #, State, Expiration Date |
| SSN | SSN |
| Date of Birth | Date of Birth |
| Employer | Employer |
| Occupation | Occupation |
| Payable on Death | Additional Payable on Death |

To complete account opening, please print and bring this information to any RCSBank Location. By law, you will need to provide various forms of ID. In addition, please review the list below before opening an account:

- You must be 18 years of age to open a checking account without a parent/guardian.
- There may be a minimum deposit required to open an account.
- A valid driver's license, state issued ID, passport or military ID plus one additional form of ID are required (i.e. social security card, insurance card, utility bill, etc.).
- If the address on your account does NOT match your ID, you must provide an official form showing your current address (i.e. utility bill).
- Parents or guardians cosigning on an account must have the required ID documents. Minors must have a social security card.

AUTHORIZATION TO CHANGE DIRECT DEPOSIT-GENERAL

Company Name _____

Company Address _____

City/State/ZIP Code _____

At this time, you are depositing my automatic deposit into the following account:

Current Bank _____

Current Bank Routing Number _____

Current Bank Account Number _____

Effective _____, I authorize my automatic deposit to be credited directly to my new bank account at:

**RCSBank
P.O. Box 220
New London Mo 63459
Ph: 573-985-4611
Fax: 573-985-8781**

New Bank Routing Number _____

New Bank Account Number _____

If you have any questions, please call me. Thank you.

Name (Please Print)

Signature

Address

Date

City/State/Zip Code

Telephone

I have attached a voided check to verify the new account information. I understand it may take the company making the direct deposit up to 30 days to process this request.



AUTHORIZATION TO CHANGE DIRECT DEPOSIT-EMPLOYER

Company Name _____

Company Address _____

City/State/ZIP Code _____

Employee Name _____

Employee I.D. _____

Employee SSN _____

At this time, you are depositing my automatic deposit into the following account:

Current Bank _____

Current Bank Routing Number _____

Current Bank Account Number _____

Beginning _____, I authorize my paycheck to be deposited directly to my new bank account at:

**RCSBank
P.O. Box 220
New London Mo 63459
Ph: 573-985-4611
Fax: 573-985-8781**

I wish to deposit to my account (check one):

_____ Entire Net Pay % of Net Pay

_____ Specific Dollar Amount \$ _____

New Bank Routing Number

I understand that this authorization will remain in effect until the Employer named above has received written notification from me of termination in such time as to afford the Employer and depository a reasonable opportunity to act.

If you have any questions, please call me. Thank you.

Name (Please Print)

Signature

Address

Date

City/State/Zip Code

Telephone

I have attached a voided check to verify the new account information. I understand it may take the company making the direct deposit up to 30 days to process this request.



AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT/WITHDRAWAL

Company Name _____

Company Address _____

City/State/ZIP Code _____

The automatic payment/ withdrawal is currently coming from my account at:

Current Bank

Amount of Withdrawal

Current Bank Routing Number

Date of Withdrawal

Current Bank Account Number

For (payment or reason)

Please stop making withdrawals from this account on ____/____/____.
MM/DD/YYYY

Effective _____, **I authorize my automatic payment/withdrawal to be made from my new bank account at:**

RCSBank
P.O. Box 220
New London Mo 63459
Ph: 573-985-4611
Fax: 573-985-8781

New Bank Routing Number _____

New Bank Account Number _____

If you have any questions, please call me. Thank you.

Name (Please Print)

Signature

Address

Date

City/State/Zip Code

Telephone

I have attached a voided check to verify the new account information. I understand it may take the company making the direct deposit up to 30 days to process this request.



AUTHORIZATION TO CLOSE ACCOUNT

Bank Name _____

Bank Address _____

City/State/ZIP Code _____

This form serves as a request to close account number _____.
Please send a check for the remaining balance made payable to RCSBank for the benefit of (My Name).

If you have any questions, please call me. Thank you.

Name (Please Print)

Signature

Co-signer Name (Please Print)

Co-signer Signature

Address

Date

City/State/ZIP Code

Telephone

Notary – Optional

ACKNOWLEDGMENT:
STATE OF MISSOURI
COUNTY OF _____ ss:

On this ____ day of _____ 20____, before me personally appeared _____ to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he/she/they executed the same as free act and deed.

My term expires: _____ (Notary public)

(seal)

