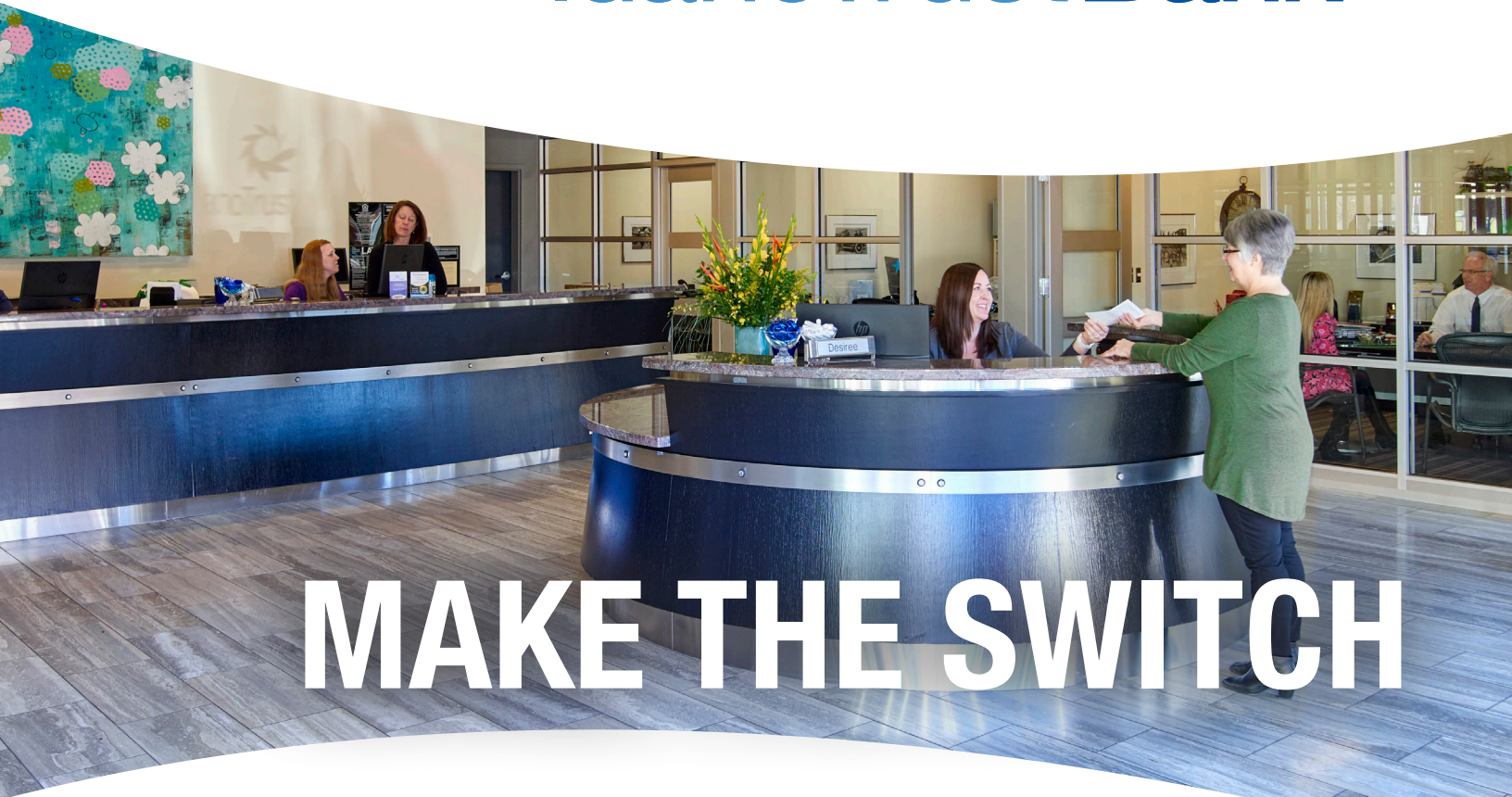




# IdahoTrust Bank



## MAKE THE SWITCH



### 1 **OPEN YOUR IDAHO TRUST ACCOUNT**

Complete the new account form included in the packet and bring to your nearest Idaho Trust Branch.



### 2 **SET UP DIRECT DEPOSIT**

Complete the attached Direct Deposit form and take the form to your employer's payroll department so your funds can be automatically deposited into your Idaho Trust account.



### 3 **CHANGE OVER AUTOMATIC PAYMENTS**

Use the Automatic Payment Change form to change all automatic payments, such as car loans over to your new account.

### x4 **CLOSE YOUR OLD ACCOUNT**

Fill out the Close Account form and submit to your old financial institution. Ensure that all checks and transactions have cleared before the account is closed.

1



# OPEN NEW ACCOUNT



☐ INDIVIDUAL ACCOUNT ☐ BUSINESS ACCOUNT ☐ OTHER: \_\_\_\_\_

## PRIMARY ACCOUNT HOLDERS INFORMATION

FIRST NAME	MIDDLE	LAST NAME	SOCIAL SECURITY NUMBER
STREET ADDRESS		CITY/STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)			
HOME PHONE	MOBILE PHONE	EMAIL ADDRESS	
SOCIAL SECURITY NUMBER		MOTHER'S MAIDEN NAME	
DATE OF BIRTH		BIRTH CITY	
DRIVERS LICENSE NUMBER	STATE	ISSUE DATE	EXPIRATION DATE
SOURCE OF BUSINESS	OCCUPATION	EMPLOYER	
SECOND FORM OF ID (Credit Card, Military Card, Passport)	NUMBER	ISSUE DATE	EXPIRATION DATE

## SECONDARY ACCOUNT HOLDERS INFORMATION

FIRST NAME	MIDDLE	LAST NAME	SOCIAL SECURITY NUMBER
STREET ADDRESS		CITY/STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)			
HOME PHONE	MOBILE PHONE	EMAIL ADDRESS	
SOCIAL SECURITY NUMBER		MOTHER'S MAIDEN NAME	
DATE OF BIRTH		BIRTH CITY	
DRIVERS LICENSE NUMBER	STATE	ISSUE DATE	EXPIRATION DATE
SOURCE OF BUSINESS	OCCUPATION	EMPLOYER	
SECOND FORM OF ID (Credit Card, Military Card, Passport)	NUMBER	ISSUE DATE	EXPIRATION DATE

## BUSINESS ACCOUNTS ONLY

TAX IDENTIFICATION NUMBER	ENTITY'S PHONE NUMBER
ENTITY'S ADDRESS	CITY/STATE
	ZIP CODE

## ADDITIONAL SERVICES

- ☐ DEBIT CARD  
☐ ONLINE BANKING  
☐ E-STATEMENT

Please note that primary and secondary account holders will need to sign an official account form in person before account can be open. An opening deposit will be required.

2



# CHANGE DIRECT DEPOSITS



**Complete this form and submit to any company or organization who is automatically depositing funds to your existing account (payroll, pension, or dividends).**

EMPLOYEE NAME

STREET ADDRESS

CITY/STATE

ZIP

**Please have my payroll check automatically deposited into the following Idaho Trust Account(s):**

☐ CHECKING

☐ SAVINGS

☐ MONEY MARKET

ACCOUNT NUMBER

IDAHO TRUSTS ROUTING NUMBER

DEPOSIT PERCENTAGE

OR AMOUNT

I AUTHORIZE (NAME OF BUSINESS)

and **Idaho Trust Bank** to automatically deposit my payroll check into my account(s) listed above. This authorization will remain in effect until I give written notice to cancel it.

CUSTOMER SIGNATURE

DATE

**Attached Voided Check**

## WHY DIRECT DEPOSIT?

It's Convenient and Saves Time

- Your checks are automatically deposited into your account
- It eliminates trips to the bank
- Your money is available in your account on payday
- No more misplaced checks



# TRANSFER AUTOMATIC PAYMENTS



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**CURRENT ACCOUNT NUMBER**

**Please redirect my automatic payment for the above account number to my new bank account as instructed below.**

**ACCOUNT TYPE:** ☐ CHECKING ☐ SAVINGS ☐ MONEY MARKET **EFFECTIVE:** ☐ IMMEDIATELY ☐ BEGINNING \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY

**My New Idaho Trust Bank Account Information:**

---

NEW ACCOUNT NUMBER

---

NEW ACCOUNT ROUTING NUMBER

---

IF YOU HAVE ANY QUESTIONS ABOUT THIS REQUEST, PLEASE CONTACT ME AT

---

SIGNATURE

---

CO-SIGNER (IF APPLICABLE)

---

PRINTED NAME

---

PRINTED NAME

---

DATE

---

DATE

---

**CURRENT ACCOUNT NUMBER**

**Please redirect my automatic payment for the above account number to my new bank account as instructed below.**

**ACCOUNT TYPE:** ☐ CHECKING ☐ SAVINGS ☐ MONEY MARKET **EFFECTIVE:** ☐ IMMEDIATELY ☐ BEGINNING \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY

**My New Idaho Trust Bank Account Information:**

---

NEW ACCOUNT NUMBER

---

NEW ACCOUNT ROUTING NUMBER

---

IF YOU HAVE ANY QUESTIONS ABOUT THIS REQUEST, PLEASE CONTACT ME AT

---

SIGNATURE

---

CO-SIGNER (IF APPLICABLE)

---

PRINTED NAME

---

PRINTED NAME

---

DATE

---

DATE

---

**CURRENT ACCOUNT NUMBER**

**Please redirect my automatic payment for the above account number to my new bank account as instructed below.**

**ACCOUNT TYPE:** ☐ CHECKING ☐ SAVINGS ☐ MONEY MARKET **EFFECTIVE:** ☐ IMMEDIATELY ☐ BEGINNING \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY

**My New Idaho Trust Bank Account Information:**

---

NEW ACCOUNT NUMBER

---

NEW ACCOUNT ROUTING NUMBER

---

IF YOU HAVE ANY QUESTIONS ABOUT THIS REQUEST, PLEASE CONTACT ME AT

---

SIGNATURE

---

CO-SIGNER (IF APPLICABLE)

---

PRINTED NAME

---

PRINTED NAME

---

DATE

---

DATE

# 4X CLOSE OLD ACCOUNT



Complete this form and submit to your previous financial institution. Make sure all checks have cleared.

**TO:**

FINANCIAL INSTITUTION

STREET ADDRESS

CITY/STATE

ZIP

**FROM:**

PRIMARY ACCOUNT HOLDER

SOCIAL SECURITY NUMBER

SECONDARY ACCOUNT HOLDER

**This document serves as an authorization to close the following account(s) with your Institution:**

ACCOUNT #

ACCOUNT TYPE

ACCOUNT #

ACCOUNT TYPE

ACCOUNT #

ACCOUNT TYPE

**All remaining balances should be sent to me at:**

IDAHO TRUST BANK F/B/O

888 W Broad Street, Boise, Idaho 83702

ATTENTION

Bank Routing #124103841

NEW CLIENT ACCOUNT #

**MYSELF** ADDRESS FOR CHECK

PRIMARY ACCOUNT HOLDER SIGNATURE

SECONDARY ACCOUNT HOLDER SIGNATURE

DATE



# IdahoTrust Bank



## BOISE BRANCH

888 W. Broad Street  
Boise, ID 83702

Phone: (208) 373-6500  
Fax: (208) 373-7635  
Toll-free: 1-800-549-3333

Lobby Hours: Mon-Fri 9:00am-5:00pm  
Drive Thru: Mon-Fri 8:30am-5:00pm



## COEUR D'ALENE BRANCH

622 E. Sherman Avenue  
Coeur d'Alene, ID 83814

Phone: (208) 664-6448  
Fax: (208) 765-6962  
Toll-free: 1-800-664-6448

Lobby Hours: Mon-Fri 9:00am-5:00pm  
Drive Thru: Mon-Fri 8:30am-5:00pm

[www.IdahoTrust.com](http://www.IdahoTrust.com)