

# Simplify Your Life

## Switch to Empire Bank

### Account Application

Individual Account Holder	Joint Account Holder
Name	Name
Address	Address
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 Number, State, Expiration Date	Driver's License Number, State, Expiration Date
SSN	SSN
Date of Birth	Date of Birth
Employer	Employer
Occupation	Occupation

To complete account opening, please print and bring this information with you to any of Empire Bank's locations. Additional forms will need to be signed in person by both the primary and joint account holder.

You will need to bring your valid driver's license, passport, or military I.D., plus additional forms of identification.



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### Authorization to Change Direct Deposit

To:

Company Name \_\_\_\_\_ Attn: \_\_\_\_\_  
 Company Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

From \_\_\_\_\_ Employee SSN \_\_\_\_\_  
 Employee I.D. \_\_\_\_\_ Department Name \_\_\_\_\_  
 Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Home phone \_\_\_\_\_

I authorize you to change my Payroll direct deposit to my new Empire Bank account effective beginning \_\_\_\_\_ (Date) (please allow 3 to 4 weeks).

#### Current Direct Deposit

Old Financial Institutions	Account Number	Routing Number	Amount

#### Redirect my direct deposit to:

Empire Bank	Account Number	Routing Number	Amount
		086518477	
		086518477	

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_



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### Account Closing Form

Previous Bank \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From:  
 Primary Account Holder's Name \_\_\_\_\_  
 Primary Social Security Number \_\_\_\_\_  
 Secondary Account Holder's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please forward funds according to closing date to:

Empire Bank  
 Attn: \_\_\_\_\_ (employee name)  
 c/o \_\_\_\_\_ (customer name)  
 PO Box 3397  
 Springfield, Mo 65808

Please close the following accounts

Account Type	Account Number*	Check here to send payment immediately*	Special Instructions

I authorize you to close the accounts listed above and to forward funds to Empire Bank.

Primary Account Holder Signature \_\_\_\_\_  
 Secondary Account Holder Signature \_\_\_\_\_  
 Date \_\_\_\_\_

\*Please make sure all checks and all automatic debits have been switched prior to closing your account.  
 We recommend viewing two months statements to ensure you have switched them all.



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## Switch to Empire Bank

### Automatic Payment Switch Form

Merchant or Utility Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Merchant or utility account number \_\_\_\_\_

From:  
Customer Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Financial Information

Please redirect my automatic withdrawal from my old account:

Bank Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Routing No. \_\_\_\_\_

To be withdrawn from new account at Empire Bank:

Account No. \_\_\_\_\_  
Routing No. 086518477  
Amount of withdrawal \_\_\_\_\_  
Effective Date \_\_\_\_\_

I, \_\_\_\_\_ (print name), authorize you to redirect payment from my old account to my new account effective \_\_\_\_\_. If you have questions, please contact me at the following phone number \_\_\_\_\_.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete a new form for each automatic withdrawal you are switching. To save time and money, stop by any Empire Bank location for assistance in completing your forms. We will make it simple by completing the switch and mailing the forms to the address you listed. Postage is on us!  
Thank you for choosing Empire Bank.



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