

CBSB EZ SWITCH FORM

LET YOUR NEW BANKER DO THE WORK!!

Account Application

Council Bluffs Savings Bank

Mall Facility
 1751 Madison Avenue
 Council Bluffs, IA 51503
 Phone - 712-322-3300
 Fax - 712-322-3304

Downtown Facility
 405 West Broadway
 Council Bluffs, IA 51503
 Phone - 712-323-7999
 Fax - 712-323-0532

Type of account requested	
Please check one for account ownership <input type="checkbox"/> Joint Account <input type="checkbox"/> Individual Account	Please check one or more of the following: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD

Primary Account Holder (or Company) Information			
Name		Birth date	Social Security number or Tax ID Number
Address (Street, City, State, Zip)		Home Phone	Drivers License Number
Employer/Self Employed	Business Phone	Employer's Address	
Email Address			

Secondary Account Holder Information (If Joint Account)			
Name		Birth date	Social Security number
Address (Street, City, State, Zip)		Home Phone	Drivers License Number
Employer/Self Employed	Business Phone	Employer's Address	
Email Address			

To better assist you in changing your account(s) to CBSB please fill out the information below

Direct Debits or Auto Payments			
Company Name	Account #	Payment Due Date	Phone #
Company Name	Account #	Payment Due Date	Phone #
Company Name	Account #	Payment Due Date	Phone #
Company Name	Account #	Payment Due Date	Phone #
Company Name	Account #	Payment Due Date	Phone #
Company Name	Account #	Payment Due Date	Phone #
Company Name	Account #	Payment Due Date	Phone #
Company Name	Account #	Payment Due Date	Phone #

Automatic Deposits or Credits			
Company Name	Account #	Deposit Date	Phone #
Company Name	Account #	Deposit Date	Phone #
Company Name	Account #	Deposit Date	Phone #
Company Name	Account #	Deposit Date	Phone #
Company Name	Account #	Deposit Date	Phone #

I certify that everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

I hereby authorize Council Bluffs Savings Bank to verify and to change my direct deposit, automatic deposit, direct debit, or automatic payments with your institution from my current bank account to my new account at Council Bluffs Savings Bank. Council Bluffs Savings Bank will provide you with their bank information and my new account number to complete this process. Please contact Council Bluffs Savings Bank at 712-322-3300 or 712-323-7999 if you have any questions.

My new checking account number is: _____ The Bank routing/transit number is: 073902546

Owner/Signer Signature _____ Date _____

Co-owner/Signer Signature _____ Date _____



MEMBER FDIC