COMMUNITY BUSINESS BANK

"Switch Form"

Moving your account has never been easier.
Just print out, fill out, and bring it with you when you come to open you account

NEW ACCOUNT INFORMATION
For Business Accounts

Signer(s)

Name of Business

Street Address

City, State, Zip

Mailing Address (if different)

Type of Entity (i.e., Corporation, LLC, Non-Profit, etc.)

Phone Fax

Email Address

Tax I.D.

Owner/Signer (if applicable) Social Security No

Home Address

Drivers License Number Issue Date / Exp. Date

Date of Birth

Bringing Account(s) From (Name of Bank)

Old Account Number(s)

Signature

Name

Street Address

City, State, Zip

Mailing Address (if different)

Home Phone Cell Phone

Work Phone Fax

Email Address

Social Security Number

Drivers License Number Issue Date / Exp. Date

Date of Birth Place of Birth (City/State)

Employer Occupation

Signature

(Please attach additional pages as needed for multiple signers)

To the left of each product/service, please mark those that you currently have with your bank or other financial institution; and indicate the products/services you want to establish with Community Business Bank by marking the boxes on the right.

☐	Business Checking Account	☐	☐	Business Visa® Check Card	☐	☐	Courier Service ☐
☐	Savings Account	☐	☐	Overdraft Protection	☐	☐	Certificate of Deposit ☐
☐	ACH Origination / Direct Payment	☐	☐	Online Banking / Online Bill Pay	☐	☐	Merchant Services ☐
☐	ATM/Visa®	☐	☐	Certificate of Deposit	☐	☐	Loans ☐
☐	Visa® Credit Card	☐	☐	Safe Deposit Box	☐	☐	Other_____ ☐