

CLOSE ACCOUNT

Date

Bank's Name

Address

City, State, Zip

To Whom It May Concern:

Please close my account _____ (account number), and send a check for the remaining balance to me at the address listed below.

If you have any questions about this request, please contact me during the **DAY / EVENING** (circle one) at (_____) _____ (phone number).

Thank you.

Sincerely,

Signature

Co-Signer Signature

Name (please print)

Co-Signer Name (please print)

Address

City, State, Zip

CHANGE AUTOMATIC WITHDRAWAL

Please make as many copies as needed for all your automatic withdrawals.

Date

Name of Company That Makes Automatic Withdrawal

Address

City, State, Zip

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) for my _____ (what payment is for),
_____ (account or other identifying number) on _____ (date) from the following account.

Former Bank: _____

Bank Routing Number: _____

Account Number: _____

Please stop making withdrawals from the account and instead make them from:

Bank Name: **Independent Bank** _____

Bank Routing Number: **111916326** _____

Account Number: _____

If you have any questions about this request, please contact me during the **DAY / EVENING** (circle one) at

(_____) _____ (phone number).

Thank you.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip

CHANGE PAYROLL DIRECT DEPOSIT

For Social Security benefits, please call 1-800-772-1213; direct deposit arrangements can be made over the telephone.

Date

Employer/Depositor's Name

Address

City, State, Zip

To Whom It May Concern:

You are currently depositing **MY ENTIRE CHECK / PART OF MY CHECK** (circle one) to the following account:

Former Bank: _____

Bank Routing Number: _____

Account Number: _____

Please stop making deposits to that account and instead make them from:

Bank Name: **Independent Bank** _____

Bank Routing Number: **111916326** _____

Account Number: _____

If you have any questions about this request, please contact me during the **DAY / EVENING** (circle one) at

(_____) _____ (phone number).

Thank you.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip

Other Information Your Employer May Need (SSN, Employee ID#, etc.)

NEW ACCOUNT INFORMATION

Client Name _____

Rent Own

Home Address _____

City, State, Zip _____

Home Phone Number _____

Cell Number _____

Work Phone Number _____

Extension _____

E-mail Address _____

Social Security Number _____

Date of Birth _____

Employer Name _____

Address _____

City, State, Zip _____

Driver's License Number _____

State _____

How did you hear about Independent Bank?

Drive By Friend/Relative Newspaper
 Radio/TV Other _____

Why did you choose Independent Bank?

Bank Employee/Officer Convenience Location
 Referred by friend/relative Service
 Other _____

Which radio station do you listen to most frequently? _____

Which newspaper do you read most frequently? _____

(Please attach a copy of your driver's license. Thank you!)

ADDITIONAL SIGNER INFORMATION

Client Name

Home Address Rent Own

City, State, Zip

Home Phone Number

Cell Number

Work Phone Number

Extension

E-mail Address

Social Security Number

Date of Birth

Employer Name

Address

City, State, Zip

Driver's License Number

State