

# Change is easy....

Personal New Account Kit



**MISSION VALLEY BANK**

*Your Success is Our Mission.*

# Change is easy...

## Personal Account Information Kit

### How would you like the Account Titled?

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### What type of account(s) would you like us to open for you?

- Personal Checking Account
- Personal Checking With Interest Account
- Personal Basic Checking
- Personal Money Market Account
- Personal Savings Account
- Certificate of Deposit / Term: \_\_\_\_\_
- Flex Certificate of Deposit
- IRA / Term: \_\_\_\_\_
- Health Savings Account

### Account(s) will be held as:

- Individual
- Joint – With Survivorship
- Tenants In Common
- Community Property
- Trust
- Totten Trust (ITF)
- UGMA / UTMA
- Pay On Death Beneficiary (POD)
- Other: \_\_\_\_\_

### Additional Financial Tools Needed:

- |   |   |
|---|---|
| <input type="checkbox"/> Online Banking                           | <input type="checkbox"/> Mobile Banking       |
| <input type="checkbox"/> Online Funds Transfer                    | <input type="checkbox"/> Safe Deposit Box     |
| <input type="checkbox"/> Online Bill Payment Services             | <input type="checkbox"/> Overdraft Protection |
| <input type="checkbox"/> Automatic Deposit                        | <input type="checkbox"/> Credit Card          |
| <input type="checkbox"/> Auto Loan                                | <input type="checkbox"/> ATM Card             |
| <input type="checkbox"/> Debit Card                               | <input type="checkbox"/> Card Valet           |
| <input type="checkbox"/> Incoming and / or Outgoing Wire Services | <input type="checkbox"/> Other? _____         |

### **Important Information about Procedures for Opening a New Account**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

# Change is easy...

## Personal Account Information Kit

### Individual / Signer Information (please print)

#### Account Owner:

Full Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cellular: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License (State of Issue, Number & Expiration): \_\_\_\_\_

(A photocopy of your Driver's License will be taken for our files at the time we open your account)

Secondary ID (Type, Last Four Digits & Expiration): \_\_\_\_\_

(Your Financial Services Representative will need to see the secondary I.D. at the time of account opening)

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

### Additional Signer Information (please print)

Full Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cellular: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License (State of Issue, Number & Expiration): \_\_\_\_\_

(A photocopy of your Driver's License will be taken for our files at the time we open your account)

Secondary ID (Type, Last Four Digits & Expiration): \_\_\_\_\_

(Your Financial Services Representative will need to see the secondary I.D. at the time of account opening)

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

**(Please fully complete all of the above information – for more signers please photocopy this page)**

## **Important Information about Procedures for Opening a New Account**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.



*Your Success is Our Mission.*

### **CENTRE POINTE OFFICE**

26415 Carl Boyer Drive  
Santa Clarita, CA 91350  
PHONE: 661 253 9500  
FAX: 661 259 4461

### **SUN VALLEY OFFICE**

9116 Sunland Boulevard  
Sun Valley, CA 91352  
PHONE: 818-394-2300  
FAX: 818-394-2035





# Change is easy...

## Automatic / Pre-Authorized Debit Change Request

We suggest that you complete this form and mail it to each party with whom you have an arrangement for Automatic Debits (i.e. Mortgage, Insurance, etc.):

### Authorization to Change Automatic Debits

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

I am moving my account from (previous bank name): \_\_\_\_\_

Old Account Number: \_\_\_\_\_  Checking  Savings

Effective \_\_\_\_\_ (date), please begin charging my new account at **Mission Valley Bank** for my Direct Debits. My new account information is as follows:

NEW Account Number: \_\_\_\_\_  Checking  Savings

ABA / ROUTING #: **122243224**

**Attached is a voided check so that you may verify my account & ABA number.**

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Direct Debit / Account Reference Number: \_\_\_\_\_

Please confirm to me at the above phone number and/or address that this requested change has been made as instructed.

Thank you.

\_\_\_\_\_  
*Signature Authorizing Change* *Date*

*Please photocopy this form as necessary.*





# Change is easy...

## Direct Deposit Change Request

We suggest that you complete this form and mail it to each depositor (your employer, Social Security, etc.) with whom you have an arrangement for Direct Deposit. You must inform each sender in order for you to receive proper credit.

### Authorization to Change Direct Deposit

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

I am moving my account from (previous bank name): \_\_\_\_\_

Old Account Number: \_\_\_\_\_  Checking  Savings

Effective \_\_\_\_\_ (date), please begin sending my Direct Deposit to my new account at **Mission Valley Bank**. My **new account information** is as follows:

**NEW** Account Number: \_\_\_\_\_  Checking  Savings

ABA / ROUTING #: **122243224**

**Attached is a voided check so that you may verify my account & ABA number.**

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Direct Debit / Account Reference Number: \_\_\_\_\_

Please confirm to me at the above phone number or address that this requested change has been made as instructed. Thank you.

\_\_\_\_\_  
*Signature Authorizing Change* *Date*

*Please photocopy this form as necessary.*

