

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?

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

- Checking Account
- Interest Checking Account
- Mission Access Checking
- Money Market Checking
- Personal Savings Account
- Certificate of Deposit / Term: _____
- Mission Access CD / Term: _____
- IRA / Term: _____
- Other: _____

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"/> Other? _____ |
| <input type="checkbox"/> Incoming and / or Outgoing Wire Services | |

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.

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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)

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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

SOUTH BAY LOAN PRODUCTION OFFICE

21515 Hawthorne Boulevard · Suite 420
Torrance, CA 90501
PHONE: 310·432·0290





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.

Updated 01/2019

