



OPEN YOUR LINKBANK PERSONAL ACCOUNT

Complete this form and bring it along with your deposit to your local LINKBANK Client Solutions Center. This form will make sure you have all the required information when you open your new account.

Bring With You:

- ✓ This completed form and Unexpired:
- ✓ Driver's license*
- ✓ Passport* OR
- ✓ State ID card*

**Proof of current address required if not listed on identification*

LINKBANK
Routing # 031311771

Your New LINKBANK
Account # _____

Primary Account Owner:

Legal Name

Address

City

State

Zip

Cell Phone

Home Phone

Email

Employer

Occupation

Secondary Account Owner:

Legal Name

Address

City

State

Zip

Cell Phone

Home Phone

Email

Employer

Occupation

Have you ever had an account with LINKBANK? Yes No



STOP USING YOUR OLD ACCOUNT, BUT DON'T CLOSE IT YET

Make a list of all direct deposits and automatic withdrawals currently going in and out of your account. This will help to complete the direct deposit change form and the automatic withdrawal change form.

DIRECT DEPOSITS	Company	Account Number	Amount	Date of Deposit
Payroll				
Investment Income				
Pension/ Retirement				
Social Security				
Other				

AUTOMATIC PAYMENTS	Company	Account Number	Amount	Date of Payment
Credit Cards				
Loan Payment				
IRA				
Investments				
Education Expenses				
Memberships				
Mortgage/Rent				
TV				
Internet				
Electric				
Gas/Oil				
Water				
Garbage				
Daycare				
Other				



DIRECT DEPOSIT CHANGE FORM

Complete a separate form for each direct deposit you would like to set up. This will ensure that your money is getting to you quickly and effectively.

Date: _____

To: _____
Company Name

Company Address

City State Zip

I am in the process of switching banks. I have included everything you will need to update my records and continue to deposit my funds into my new account.

You are currently depositing my funds into the following account:

Old Financial Institution: _____

Old Bank Routing Number: _____

Old Bank Account Number: _____

Please stop making deposits into this account effective: _____
Date

Please make deposits to the following account:

New Bank: **LINKBANK** Routing Number: **031311771**

Account Number: _____

Account Type: _____

If you have any questions please contact me at: _____
Phone Number

Client Signature Date

Print Name

Address

City State Zip

Other information your employer may need (SSN, Employee ID#, etc.)



AUTOMATIC WITHDRAWAL CHANGE FORM

For each automatic withdrawal, please complete a separate form. Some examples of withdrawals you may have would include loans, utilities, and day care.

Date: _____

To: _____
Company Name

Company Address

City State Zip

I am in the process of switching banks. I have included everything you will need to update my records and continue to make withdrawals from my new account.

You are currently withdrawing funds from the following account:

Old Financial Institution: _____

Old Bank Routing Number: _____

Old Bank Account Number: _____

Please stop making withdrawals from this account effective: _____
Date

Please make withdrawals from the following account:

New Bank: **LINKBANK** Routing Number: **031311771**

Account Number: _____

Account Type: _____

If you have any questions please contact me at: _____
Phone Number

Client Signature Date

Print Name

Address

City State Zip

Other information your employer may need (SSN, Employee ID#, etc.)



CLOSE OUT ACCOUNT FORM

Deliver this letter to your old bank to close your accounts. Do not close your old account until all outstanding transactions have cleared.

Date: _____

To: _____
Bank's Name

Address

City State Zip

Please close my accounts currently at your bank. Please send the check for the remaining balance in my account to the address below.

Accounts to be closed effective: _____
Date to close accounts

Account Number: _____ Checking Savings IMMA

Account Number: _____ Checking Savings IMMA

Account Number: _____ Checking Savings IMMA

Account Number: _____ Checking Savings IMMA

If you have any questions please contact me at: _____
Phone Number

Thank you,

Client Signature Co-Signer Signature

Client Name (Please Print) Co-Signer Name (Please Print)

Address

City State Zip