

MAKE THE CHANGE TO **Alliance Bank**

NEW ACCOUNT SWITCH KIT CHECKLIST

1. To Switch Your Checking And/Or Savings Account(s), Please Bring:

- A voided check from your current checking account(s)
- A voided deposit slip from your current savings account(s)

2. To Switch Automatic Bill Payments, Please Bring:

- A payment coupon for mortgage as well as other loan payments
- Account number and billing address for other automatic payments

3. To Switch a Direct Deposit, Please Bring:

- A recent pay stub or deposit statement containing all payment information and a phone number for authorization



Alliance Bank

More than our name, it's how we do banking.

**Member
FDIC**

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CONSUMER CHECKING ACCOUNT INFORMATION

Name: _____

Social Security #: _____

Date of Birth: _____

Marital Status: Single Married Divorced Widowed

If Married, Spouse's Name: _____

Physical Address: Street: _____

City/ State/ Zip: _____

Mailing Address: Street: _____

If Applicable

City/State/ Zip: _____

Cell Phone #: _____

Home Phone #: _____

Email Address: _____

Employer: _____

Occupation: _____

Business Phone #: _____

ID #: _____

ID State: _____

ID Expiration Date: _____

AUTHORIZATION TO CHANGE MY DIRECT DEPOSIT

Complete a separate form for each automatic payment



Alliance Bank
217 N Kingshighway
Cape Girardeau, MO 63701
573-334-1010

Name of Direct Depositor: _____ Phone #: _____
(name of entity depositing to your account - please print)

Depositor's Address: _____

I plan to close my checking account at: _____ Account #: _____
(name of old financial institution)

Account Holder: _____ Social Security #: _____

Effective Immediately, I authorize direct deposit to my new checking account at Alliance Bank.

ATTN: Checking Services,

My new checking account # is: _____ The new routing transit # is 081518773.

I have attached a deposit slip to verify the new account information.

Signature: _____ Daytime Phone: _____

* All other direct deposit allocations will remain the same.

Attach Deposit Slip Here

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AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT

Complete a separate form for each automatic payment



Alliance Bank
217 N Kingshighway
Cape Girardeau, MO 63701
573-334-1010

Name of Direct Depositor: _____
(Utility, Mortgage Lender, Investment Company, or Other Organization you wish to pay automatically from your checking account -Please Print)

Payee Address: _____

I plan to close my checking account at: _____ Account #: _____
(name of old financial institution)

Account Holder: _____ Social Security #: _____

Effective Immediately, I authorize direct deposit to my new checking account at Alliance Bank.

ATTN: Checking Services,

My new checking account # is: _____ The new routing transit # is 081518773

I have attached a voided check to verify the new account information.

Signature: _____ Daytime Phone: _____

Attach Voided Check Here

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