GETTING STARTED
It’s As Easy As 1-2-3!

A Bank You Can Count On
Strength and stability, award winning customer service, and great products and services... just some of the many reasons people are switching to Bank of the West. Save time, money and manage your accounts more easily by beginning a relationship with Bank of the West. Switching is easier than ever, just follow the 3 easy steps. Open an account today!

1 Open your new account.
   Apply for a new Bank of the West checking or savings account:
   • Apply Online, Visit a Branch or call (800) 488-2265 to open your new account.
   • Need help? Compare checking or savings accounts or talk to a banker today.
   • Once your account is opened and you have received your debit card and account materials, enroll in our online banking service.

2 Switch your Direct Deposit(s), Automatic Transaction(s), and Bill Payees.
   • Direct Deposit Authorization Form: Use this form to switch any Direct Deposits to your new account at Bank of the West.
   • Automatic Withdrawal Authorization Form: Use this form to switch any automatic withdrawals to your new account.
   • Bill Pay: Once you have enrolled in our online banking service, you can switch over your payees.

3 Close your old account:
   • Account Closure Authorization Form: Use this form to authorize the closure of your old account. Verify that all your automatic transactions have been switched to your new account and any outstanding checks have cleared and have the remaining balance (if any) sent to you or to your new account at Bank of the West.

We are here to serve you!
Experience our award winning customer service, visit a branch or call (800) 488-2265 to get help in establishing your relationship with Bank of the West.
DIRECT DEPOSIT AUTHORIZATION

MAKE YOUR MONEY AUTOMATIC, USE DIRECT DEPOSIT.
This form can be used to authorize your employer, retirement and pension funds, or any other depositing agencies to deposit directly into your Bank of the West account. Use one form for each Direct Deposit, make copies as needed.

Notification of Direct Deposit Authorization Change

<table>
<thead>
<tr>
<th>Employer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City, State, Zip:</td>
</tr>
<tr>
<td>Phone Number:</td>
</tr>
<tr>
<td>Employee ID:</td>
</tr>
</tbody>
</table>

Effective immediately, please deposit the net amount of my check to my Bank of the West Account. I authorize (name of depositor) to automatically deposit funds into the account below. This authorization shall remain in place until I have submitted a new authorization, or until this authorization is changed or revoked by me in writing.

Place an X next to your desired option. Be sure to include your account number and ABA/Routing Number. You may also attach a voided check to this form from your new Bank of the West account.

<table>
<thead>
<tr>
<th>Type of Deposit</th>
<th>Account #:</th>
<th>ABA/Routing #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net amount to BANK OF THE WEST Checking.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net amount to BANK OF THE WEST Savings.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature: ____________________________ Date: ____________________________

Please Print

Name: ____________________________
Address: ____________________________
City, State, Zip: ____________________________
Phone Number: ____________________________

Direct Deposit Checklist:

___ Employee Payroll
___ Investment Income
___ Pension/Retirement Income
___ Social Security Administration*
___ Other

*Social Security Administration or Social Security Insurance payments may require you to contact Social Security Administration directly at: 1 (800) 772-1213.

Three Easy Steps:

1. Fill out this form. This form contains interactive fields for convenience or you can print it and fill it out.
2. Provide your new Bank of the West account number. You can also attach a voided check to confirm your account number and ABA/Routing number.
3. Submit this form to your employer or any other agency that deposits directly to your bank account.
To Whom it May Concern:

Name of Company: 
Account Number: 
Payment Amount: 
Address: 
City, State, Zip: 
Phone: 

Please discontinue my automatic withdrawal from the following account:

OLD FINANCIAL INSTITUTION: 
ABA/Routing Number: 
Account Number: 

Please make all future automatic withdrawals from the following account:

FINANCIAL INSTITUTION: Bank of the West
ABA/Routing Number: Account Number: 

Thank you very much. 

This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.

Signature: Date: 

Please Print

Name: 
Address: 
City, State, Zip: 
Phone Number: 

As an alternative to automatic withdrawals, use our free Online Banking Bill Pay. You have the control directly from a secure online banking session.

Three Easy Steps:

1. Fill out this form. This form contains interactive fields for convenience or you can print it and fill it out.

2. Provide your new Bank of the West account number. You can also attach a voided check to confirm your account number and ABA/Routing number.

3. Submit this form to any company that withdraws funds automatically from your account.

Automatic Withdrawal Checklist:

—— Cable
—— Cell Phone
—— Credit Card
—— Health Club
—— Other
This form can be used to authorize the closure of your account at your previous financial institution. You can authorize that your remaining balance be deposited electronically to your account (if available) or have a check forwarded to your mailing address. Be sure to verify that any outstanding items have cleared and your direct deposits or automatic withdrawals (if applicable) have switched over to your new account.

**Notification of Account Closure Authorization**

**To Whom It May Concern:**

- Financial Institution: 
- Address: 
- City, State, Zip: 

**Please close my account:**

- Account Number: 
- Primary Owner: 
- Address: 
- City, State, Zip: 

**Please send the remaining balance to:**

*Place an X next to your desired option. Have your funds deposited electronically (if available) or have a check forwarded to your mailing address.*

- [ ] Please deposit directly to my new account at BANK OF THE WEST.  
  *(If this option is not available please forward a check to the address listed below)*  
  - Account #: 
  - ABA/Routing #: 

- [ ] Please forward me a check to my address listed below.

**If you have any questions, please call me at the number below. Thank you very much.**

- Primary Signature: 
  Date: 
- Joint Signature: 
  Date: 

**Please Print**

- Name: 
- Address: 
- City, State, Zip: 
- Phone Number: 

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