



**Community Spirit  
Bank**

**105th Anniversary**

Banking *solutions* since 1908.

Member FDIC

# Switch Kit



(256) 356-4445 • [www.communityspiritbank.com](http://www.communityspiritbank.com)

## Welcome!

We're proud to welcome you as a customer and we will do everything we can to make the process as easy as possible to make you glad you switched!

### Why Switch Now?

Switch your checking to Community Spirit Bank before September 1, 2013, and we'll give you a free Safe Deposit Box for one year, along with your first order of checks – free!

### Switching is easy! Either ...

**Fill out the forms** included with this Switch Kit and bring it to any Community Spirit office and we'll complete the process.

**or:**

**Stop by any of our locations** and let a Personal Banker assist you in opening your new account. We'll gather the necessary information, help you close your old account(s), and switch your direct deposit(s) and/or any automatic payments you may have. We'll even pay the postage costs for you!

## What you'll need to switch ...

All we need from you is a copy of your most recent bank statement and the names, addresses, phone numbers, account numbers, and amounts from any automatic payments you want to switch.

Complete the Application and Switch Kit and drop them off at the office nearest you!

# Follow This Checklist!

Switch your checking to Community Spirit Bank before September 1, 2013 and we'll give you a safe deposit box free for 1 year, along with your first order of checks, **free!**

- Stop writing checks and/or using your debit card on your old account to make sure all checks have cleared. Make sure there are sufficient funds in your old account to cover all outstanding items – including automatic payments and internet bill payments.
- Cancel all recurring internet bill payments. And enroll online for our **free** CSB Bill Pay service.
- Make a list of companies that automatically withdraw payments from your account (see below) to let them know you are changing banks and account numbers. See our *Automatic Payments/Transfers – Change of Instruction Form*.

## Automatic Payments

Company Name/Address	Date Letter/Form Mailed	Status

**Before you close your old account,** make sure the direct deposits and automatic payments are going to/coming from your new Community Spirit Bank account and all your outstanding checks have cleared.

- If you wish to continue using automatic payments, notify any old or new companies using the same *Automatic Payments/Transfers – Change of Instruction Form*.
- Send written notice about your new banking relationship to anyone who makes direct deposits to your account (including payroll, investments, etc.). See our *Direct Deposit – Change of Instruction Form*.
- Check maturity dates for any Certificates of Deposit you may have to avoid possible penalties.
- A written notice should be sent to your former financial institution requesting that the old account(s) be closed. You'll need to provide direction regarding the disbursement of any remaining funds in your account(s). See our Request to Close Account Form.



# Community Spirit Bank: New Account Application

**Primary Applicant**     New     Existing

Name (First, Middle, Last) or Business Name \_\_\_\_\_

Social Security #/Tax I.D. #      Date of Birth      # of Dependents

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Street Address       Rent     Own      Monthly Payment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City      State      Zip Code

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different from above)    City      State/Zip

\_\_\_\_\_  
\_\_\_\_\_

Previous Address (if living at current residence less than 2 yrs)

\_\_\_\_\_  
\_\_\_\_\_

E-mail Address      How Long at Residence

\_\_\_\_\_  
\_\_\_\_\_

Yr.    Mo.

Home Phone #      Business Phone #      Cell Phone #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer      Position Held

\_\_\_\_\_  
\_\_\_\_\_

Previous Employer (if at current employer for less than 2 yrs)

\_\_\_\_\_  
\_\_\_\_\_

Yr.    Mo.

Community Spirit Bank: New Account Application

**Co-Applicant**     New     Existing

Name (First, Middle, Last) or Business Name \_\_\_\_\_

Social Security #/Tax I.D. #      Date of Birth      # of Dependents

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Street Address       Rent     Own      Monthly Payment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City      State      Zip Code

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different from above)    City      State/Zip

\_\_\_\_\_  
\_\_\_\_\_

Previous Address (if living at current residence less than 2 yrs)

\_\_\_\_\_  
\_\_\_\_\_

E-mail Address      How Long at Residence

\_\_\_\_\_  
\_\_\_\_\_

Yr.    Mo.

Home Phone #      Business Phone #      Cell Phone #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer      Position Held

\_\_\_\_\_  
\_\_\_\_\_

Previous Employer (if at current employer for less than 2 yrs)

\_\_\_\_\_  
\_\_\_\_\_

Yr.    Mo.

Community Spirit Bank: New Account Application

**Additional Account Holder Information** – please complete this section for multiple deposit owners

Name(s)	New	Existing	Social Security	Phone Number	Date of Birth
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update this credit information at your request and/or if my financial condition changes.

X \_\_\_\_\_

Primary Applicant

Date

X \_\_\_\_\_

Primary Applicant

Date



**For Internal Use Only**

CIP/CHECKSYSTEMS/CREDIT/OFAC

All required information obtained

Primary Verification: \_\_\_\_\_ Secondary Verification: \_\_\_\_\_

Copies of verification were made and sent to the appropriate department for recording

Check Systems was checked     Credit Report and OFAC checked

Port #: \_\_\_\_\_

Date: \_\_\_\_\_

Click # & Initials: \_\_\_\_\_

Branch: \_\_\_\_\_

# Request to Close Account

**TO:**

Name of  
Bank

---

Address

---

City  
State, Zip

---

**Please close my account as listed below:**

Name(s) on  
the Account

---

Account #

---

Type of  
Account

---

Joint Account (if applicable)

**Please forward any remaining funds to me at:**

Name

---

Address

---

City  
State, Zip

---

If you have any questions, please contact me at the  
following number:

Phone

---

Thank you for your prompt attention to this request.

X

---

Signature

---

Date

---



# Direct Deposit – Change of Instruction

**TO:**

Company  
Name

---

Address

---

City  
State, Zip

---

**FROM:**

Customer  
Name

---

Address

---

City  
State, Zip

---

I have changed banks and need to have my direct deposit transactions redirected to Community Spirit Bank. Effective immediately, please use my new Community Spirit Bank account to process my direct deposit. Please change your records accordingly.

**Attached is a VOIDED deposit slip from my new Community Spirit Bank account for accuracy in changing my transactions.**

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Community Spirit Bank Account #

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Helpful hint:** Be sure to check with the companies involvement to make sure they will accept this form. Some require you to fill out a form of their own.

\_\_\_\_\_  
Community Spirit Bank Routing #



# Automatic Payments/Transfers – Change of Instruction

**TO:**

Company  
Name

---

Address

---

City  
State, Zip

---

**FROM:**

Customer  
Name

---

Address

---

City  
State, Zip

---

I have changed banks and need to have my automatic payments redirected to my Community Spirit Bank account. Effective immediately, please use my new Community Spirit Bank account to process my payments/transfers. Please change your records accordingly.

**Attached is a VOIDED deposit slip from my new Community Spirit Bank account for accuracy in changing my transactions.**

Community Spirit Bank Routing #

---

Billing Account #

---

Community Spirit Bank Account #

---

X

Signature

---

Date

---

Daytime Phone Number

---





## Locations

### **Main Office**

P.O.Box 449  
200 4th Avenue SW  
Red Bay, AL 35582  
(256)356-4445

### **Redmont Branch**

1107 4th Street NW  
Red Bay, AL 35582  
(256)356-8724

### **Vina Branch**

P.O.Box 66  
7141 Highway 19  
Vina, AL 35593  
(256)356-6947

### **Russellville Branch**

P.O. Box 369  
14009 HWY 43  
Russellville, AL 35653  
(256)332-5315

### **Belmont Office**

PO Box 430  
342 2nd Street  
Belmont, MS 38827  
662-454-0001

