

NEW ACCOUNT INFORMATION

The purpose of this questionnaire is for us to gather some information, so you can begin the application process. All applications are subject to approval. Please note that Primary and Joint account holders need to sign an official account form in person at one of our offices before the account can be opened. For your account security, we'll also need to photocopy your driver's license(s), or other form of ID, so we can have it on file to accurately identify you in the future.

Individual Account

Name

Street Address City, State, Zip

Mailing Address (if different)

Home Phone Work Phone

Cell Phone Email Address

Joint Account

Name

Street Address (if different) City, State, Zip

Mailing Address (if different)

Home Phone Work Phone

Cell Phone Email Address

Primary Account Holder Information

Social Security Number Date of Birth

Driver's License Number Exp. Date

Alternate Access Code (alpha or numeric)

Employer Position/Title

Joint Account Holder Information

Social Security Number Date of Birth

Driver's License Number Exp. Date

Alternate Access Code (alpha or numeric)

Employer Position/Title

I would like to open:

- Personal Checking Business Checking Money Market Statement Savings CD IRA
- I/We would like an ATM Check Card. Number of Cards:
- I/We would like transfer capabilities at the ATM and online
- I/We would like FREE online access to account(s)

PAYROLL/DIRECT DEPOSITS & AUTOMATIC PAYMENTS

This tool is to help you keep track of the automatic transactions that you will be switching to Cleveland State Bank.

List all companies with payroll/direct deposits and automatic payments

Use your previous bank statements and this helpful checklist to identify the direct/payroll deposit(s) and automatic payment(s) you will need to switch to your new account at Cleveland State Bank.

Payroll/Direct Deposits

Company Name	Deposit Amount	Frequency

Automatic Payments

Company Name	Deposit Amount	Frequency

Track previous bank activity

You will want to track activity and be sure everything has cleared and transferred to your new account at Cleveland State Bank before closing your account at the other financial institution.

PAYROLL/DIRECT DEPOSIT AUTHORIZATION

Use this form to request the direct deposit of your payroll check to your Cleveland State Bank account. You will need to provide this information to your employer with any other additional information and authorization they might need to initiate the deposit. Please contact your employer's payroll department if you have any questions about their process.

Authorization

I hereby authorize (company name) _____ hereinafter COMPANY, to make payment of any amount owed to me for payroll by initiating credit entries to my account indicated below at Cleveland State Bank, and I authorize and request Cleveland State Bank to accept credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof. It is understood that in signing this agreement I allow COMPANY to initiate reversal of described payment entry in the event of error in calculation or overpayment.

Employee Name _____

Address _____ City, State, Zip _____

Phone Number _____

Social Security # _____

Note: For Social Security Direct Deposit, we can assist you with calling the Social Security Administration Direct Deposit Department at 1-800-772-1213 or signing up online at www.ssa.gov/deposit

New direct deposit account information

+ Send an automatic direct deposit to:

Cleveland State Bank Checking Account Number _____

Cleveland State Bank Routing & Transit Number _____

Deposit \$ _____ OR entire amount to Checking Account # _____

Deposit \$ _____ OR entire amount to Savings Account # _____

+ Discontinue sending my automatic direct deposit to:

Previous Financial Institution _____

Account # _____

I further understand this authorization may be terminated by me at any time by written notification to my employer or to Cleveland Sate Bank. Any such notification to my employer shall be effective only with respect to entries initiated by my employer after receipt of such notification and a reasonable opportunity to act on it. Any such notification to Cleveland State Bank shall be effective only with respect to entries credited to my account by Cleveland State Bank after receipt of such notification and reasonable time to act on it.

Primary Account Owner Signature _____ Date _____

AUTOMATIC PAYMENT TRANSFER REQUEST

Use this form to request a transfer of an automatic payment to your Cleveland State Bank account, or to establish a new automatic payment from your Cleveland State Bank account. Complete this form for each automatic payment, and attach a voided check from your new Cleveland State Bank account, if available. Please allow sufficient time for your first automatic payments to be activated against your new Cleveland State Bank account.

Attention

Company Name

Address

City, State, Zip

To Whom It May Concern

Please be advised that I have recently changed financial institutions and will need to have my automatic withdrawal switched from my previous account to my new account at Cleveland State Bank. The automatic withdrawal is being applied to the following account, which I have with your organization:

Name

Address

City, State, Zip

Phone Number

Account Number with Your Company

Debit Amount:

I currently pay Total Amount Due

My set payment amount is \$

Please switch my automatic payment

I currently have my automatic debit coming out of the following account:

Previous Financial Institution

Account #

ABA Routing #

Effective immediately, I would like this automatic debit redirected to my new account:

Cleveland State Bank

Account #

ABA Routing #

Account Type:

Checking

Savings

Primary Account Owner Signature

Date

ACCOUNT CLOSING REQUEST

Use this form to request that your account(s) be closed at your previous financial institution and any remaining funds sent to you. Prior to closing your account(s), ask your previous financial institution if there are any fees associated with closing your account. Also, remember to keep enough funds in your account until your last check has cleared. You can also visit your previous financial institution to close out your account(s).

Attention

Financial Institution
Address City, State, Zip

To Whom It May Concern

Please accept this letter as authorization and close my account(s) listed below with your institution and issue a Cashier's check in my name for the remaining balance along with all accrued interest (if applicable).

Account Type	Account Number	Account Owner Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please Send All Closing Balances To

Name
Address City, State, Zip
Phone Number

Please process this request immediately. If you have any questions regarding this request, please contact me at the phone number or address listed above.

Authorization

Primary Account Owner Signature Date
Secondary Account Owner Signature Date