

PERSONAL BANKING

-----SWITCH KIT-----

Thank you for switching to Bank of Commerce- Relationship Banking!

Making the switch to a new bank should be quick and easy. With our Switch Kit, it is! You have everything you need to make the transition, knowing we are here to help. Please visit any Bank of Commerce branch or call (800)324-8003 with questions.

Quick Reference Information				
New Bank of Commerce Account Number:				
New Bank of Commerce Account Number:				
New Bank of Commerce Account Number:				
Bank of Commerce Routing Number: #103112992				
Former Account and Routing Number:				
Former Bank:				
Account Number#:				
Routing Number#:				

Helpful Hints:

- Automatic Deposits: recurring payments automatically deposited into your account on a regular basis
- Automatic Deductions: recurring payments automatically withdrawn from your account on a regular basis
- Routing Number: the first nine numbers found at the bottom of a check
- Don't close your former account immediately- it may take up to two statement cycles for all outstanding items to clear
- Track your requests to change automatic deposits/deductions with each company.

Note: Certain companies may require additional information other that what is included in this switch kit.

Reminder: Don't forget to order:

- Debit cards (ATM or check cards)
- Deposit slips
- Paper Checks

Welcome to Relationship Banking...after all, you deserve it!

Steps:

1. Stop Using your Old Account

Allow all checks to clear and destroy any unused checks, deposit slips and ATM/debit cards.

Use Our Worksheets to Gather Information from Your Old Account

Record all Automatic deposits/deductions that you are switching to your new Bank of Commerce account.

3. Set up Deposits into Your New Account

Send a Direct Deposit Switch form to your employer, government agency, retirement or other income sources you identified on the Automatic Payment & Direct Deposit worksheet.

4. Set Up Automatic Payments/Withdrawals from Your New Account

Send an Automatic Payment/Withdrawal Form to any individual or business you identified on the Automatic Payment & Direct Deposit worksheet.

5. Set Up Online Bill Pay for Your New Account

Use the Online Bill Pay Worksheet to set up one-time or recurring online bill payments from your new account.

6. Close Your Old Account

Balance your old account and monitor for two statement cycles to make sure there are no pending debits/credits, then send the Account Closure Letter to your previous financial institution.

Checklist

1.	Direct Deposit Set Up/Change	Completed Y/N
2.	Automatic Payment/Withdrawal	Completed Y/N
3.	Transfer Online Bill Payments	Completed Y/N
4.	Move other payments or accounts	Completed Y/N
5.	Destroy old checks/ATM and debit cards/deposit slips	Completed Y/N
6.	Close Old Account	Completed Y/N

Automatic Payment Worksheet

Use the worksheet below to document all automatic payments/withdrawals moving to your new account at Bank of Commerce. To set up these services, mail the Automatic Payment/Withdrawal Switch Form to each of the appropriate parties. Should you have any questions, please visit any Bank of Commerce branch or call (800)324-8003.

PAYMENT	COMPANY	ACCOUNT NUMBER	AMOUNT	DATE OF PAYMENT
MORTGAGE/RENT				
LOANS-AUTO				
-STUDENT				
-OTHER				
INSURANCE-LIFE				
-HOMEOWNER'S				
-AUTO				
-OTHER				
CREDIT CARD-#1				
-#2				
-#3				
-#4				
UTILITIES-WATER/SEWER				
-GAS				
-GARBAGE				
-OTHER				
FUEL/OIL				
CABLE/TV				
TELEPHONE				
CELL PHONE				
INTERNET				
HEALTH CLUB				
DAYCARE				
TUITION/SCHOOL				
LAWN CARE				
IRA/RETIRMENT				
INVESTMENTS				
CHARITIES				
TAXES-PROPERTY/FEDEF	RAL/STATE			

Direct Deposit Worksheet

Use the worksheet below to document all direct deposits you would like to move to your new account at Bank of Commerce. To set up these services, you will need to mail the Direct Deposit Switch Form to each of the appropriate parties. If you have any questions, please visit any Bank of Commerce branch or call (800)324-8003.

DEPOSIT	COMPANY	ACCOUNT NUMBER	AMOUNT	DATE OF DEPOSIT
EMPLOYEE PAYROLL				
PENSION				
RETIREMENT PLANS -				
SOCIAL SECURITY				
INVESTMENT INCOME				
TAX REFUND				
OTHER -				
-				
-				

Helpful Contact Information

SOCIAL SECURITY ADMINISTRATION 800-772-1213 <u>WWW.SSA.GOV</u>

DEPARTMENT OF VETERANS AFFAIRS 877-838-2778 OR 800-827-1000 <u>WWW.BENEFITS.VA.GOV</u>

OFFICE OF PERSONNEL MANAGEMENT 888-767-6738 <u>WWW.OPM.GOV</u>

Online Bill Pay Worksheet

Use the worksheet below to document all online bill payments you would like to move from your old account to your new Bank of Commerce account. To set up online bill payments, you will need to enroll in our Online Banking. Please contact your local Bank of Commerce branch for assistance.

PAYEE NAME	ADDRESS	PHONE #	ACCOUNT #	AMOUNT	AUTO SCHEDULE

Direct Deposit Switch Form

Dear					
I have switched to Bank of Commerce and wish to have my direct deposit updated with my new bank information. Please make the following updates. Thank you.					
Name					
Address					
City	State	Zip			
Bank of Commerce Routing Number: #10311299	2				
Bank of Commerce Account Number: #					
,, authorize					
to redirect the deposit to my account at Bank of Correquest, please contact me at					
Signature		Date			

Automatic Payment/Withdrawal Switch Form

Dear				
I have switched to Bank of Commerce and wish to have my automatic payment/withdrawal updated with my new bank information. Please make the following updates. Thank you.				
Name				
Address				
City	State	Zip		
Bank of Commerce Routing Number: #103112992				
Bank of Commerce Account Number: #				
I,, autho	orize			
to redirect the automatic payment/withdrawal from my account questions about this	unt at Bank of Comn	nerce. If you have any		
request, please contact me at		·		
Please make my automatic payment/withdrawal effective:				
Immediately				
Beginning				
MM/DD/YY				
Signature		Date		

Account Closure Letter

Dear					
I have switched to Bank of Commerce and wish to	o close my accounts with your institution.	Thank you.			
Account Number: #	Account Holder Name:				
Account Number: #	Account Holder Name:				
Account Number: #	_ Account Holder Name:				
Account Number: #	Account Holder Name:				
Please remit a check for any remaining funds in the account(s) to the address below. If you have any					
questions about this request, please contact me at					
Name					
Address					
City	State	Zip			
Signature	Date				