



# MAKE THE SWITCH

Ready to simplify the financial side of your life? To get started, simply sit down with one of our knowledgeable employees who will help you move your accounts to Bank Forward.

We understand that you have financial goals. They're based on something important: the life you want to live. We'll help you craft a plan that meets your financial needs, now and in the future. From fundamentals like checking, savings and lending to things you might not expect from a community bank, like a full range of insurance, investment and tax solutions, we offer exactly what you need to simplify the financial side of your life, so you can live the life you want.

## NEW CONSUMER ACCOUNT PROCEDURES

It's easy to find an account with the conveniences you want to make purchases, pay bills, and manage your money. Your Personal Banker will help you select the account that is right for you. Please stop by any branch of Bank Forward to fill out an application for a new account.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents.

## CLOSURE CHECK LIST

Before closing your existing account, review the check list and make sure the following have been completed.

- All checks and debit card transactions have cleared existing account.
- All automatic withdrawals and deposits have been switched to your Bank Forward checking account or debit card.
- Destroy or return your old debit card.

## CUSTOMER PREFERENCE LIST

Please indicate accounts and services that you currently use or are interested in.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Checking Account                    | <input type="checkbox"/> Refinance Home Mortgage | <input type="checkbox"/> Debit Card       |
| <input type="checkbox"/> Savings Account                     | <input type="checkbox"/> Home Loans              | <input type="checkbox"/> Online Banking   |
| <input type="checkbox"/> Money Market Account                | <input type="checkbox"/> Home Equity Loans       | <input type="checkbox"/> Mobile Banking   |
| <input type="checkbox"/> Certificates of Deposit             | <input type="checkbox"/> Personal Loans          | <input type="checkbox"/> Online Bill Pay  |
| <input type="checkbox"/> IRA (Individual Retirement Account) | <input type="checkbox"/> Overdraft Protection    | <input type="checkbox"/> Direct Deposit   |
| <input type="checkbox"/> Safe Deposit Box                    | <input type="checkbox"/> Commercial/Ag Loans     | <input type="checkbox"/> Visa Credit Card |



Member FDIC  
NMLSID #446402



# MAKE THE SWITCH

Insure Forward is an independent full-service insurance agency owned by Bank Forward. An important step to any sound financial plan is to reduce your exposure to risk. Our agents offer customized programs to protect your family and your assets. May we refer your name and interest to an agent?

Yes  No

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> Homeowners  | <input type="checkbox"/> Life       | <input type="checkbox"/> Long Term Care   |
| <input type="checkbox"/> Automobile or Vehicle   | <input type="checkbox"/> Renters    | <input type="checkbox"/> Health           |
| <input type="checkbox"/> Recreational Vehicles   | <input type="checkbox"/> Flood      | <input type="checkbox"/> Commercial       |
| <input type="checkbox"/> Personally Scheduled Item Floater<br>(for items such as jewelry, guns, collections, etc.) | <input type="checkbox"/> Disability | <input type="checkbox"/> MPCl / Crop Hail |

Signature \_\_\_\_\_

Date \_\_\_\_\_

Products and services offered through Insure Forward are:  
\* **NOT A DEPOSIT \* NOT FDIC-INSURED**  
\* **NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY**  
\* **NOT GUARANTEED BY THE BANK**  
\* **MAY GO DOWN IN VALUE**



# MAKE THE SWITCH

As trusted business advisors, Tax Forward accountants can help achieve your goals through tax and accounting solutions. We're more than a simple tax preparation service. May we refer your name and interest to an accountant at Tax Forward?

Yes  No

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> Tax preparation                                | <input type="checkbox"/> Budgeting         | <input type="checkbox"/> Estates |
| <input type="checkbox"/> Trusts   | <input type="checkbox"/> Business services |                                  |
| <input type="checkbox"/> Compilation preparation of financial documents |  |                                  |

Signature \_\_\_\_\_

Date \_\_\_\_\_



# MAKE THE SWITCH

## COMPANY DIRECT DEPOSIT FORM

Complete this form and submit to your employer's payroll department. Your employer may have another form for you to complete. You may be asked for a voided check or deposit slip. This form is intended to be an easy way to remember the account numbers you will need to start direct deposit.

Employee Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

I authorize \_\_\_\_\_ to automatically deposit my net wage payment each pay period to my Bank Forward checking account:

Bank Forward ABA Routing Number **091310864**

Checking Account Number

Savings Account Number

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_



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# MAKE THE SWITCH

## DIRECT DEPOSIT FOR SOCIAL SECURITY/RETIREMENT/FEDERAL GOVERNMENT

Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Representative Payee:  Yes  No

Type of Benefits (*Check One*)

- Social Security
- Supplemental Security Income
- Railroad Retirement Board
- Other \_\_\_\_\_

Bank Forward ABA Routing Number **091310864**

- Checking Account
- Savings Account

Signature \_\_\_\_\_

Date \_\_\_\_\_

Bank Forward will set up your Government Direct Deposit for you when you give the completed form to your personal banker. If you choose to mail the form, please complete Direct Deposit form 1199 at account opening.



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# MAKE THE SWITCH

## AUTOMATIC TRANSFER FORM

I have a new account number and ask that you use it for my future automatic payment withdrawals.

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Company. Phone \_\_\_\_\_

Name \_\_\_\_\_

Customer Account Number: \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Bank ABA Routing Number **091310864**

Checking Account   

Savings Account   

Verify with company if voided check or deposit slip is needed.



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# AUTOMATIC TRANSFER FORM

## Debit Card Automatic Payments

I have a new debit card and ask that you use it for my future automatic payment withdrawals.

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Company. Phone \_\_\_\_\_

Name \_\_\_\_\_

Customer Account Number: \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Debit Card Number     -     -     -

Expiration Date   /    
Mo. Yr.

3-Digit CVC Code





MAKE THE SWITCH

# AUTHORIZATION TO CLOSE AND/OR TRANSFER ACCOUNTS

Name and Address of Previous Financial Institution

\_\_\_\_\_

**Customer Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**Types of Accounts:**

Checking Account #: \_\_\_\_\_

Savings Account #: \_\_\_\_\_

Money Market Account #: \_\_\_\_\_

Certificate of Deposit #: \_\_\_\_\_

- Please remove all funds from accounts listed above
- Please remove \$\_\_\_\_\_ from my checking account # \_\_\_\_\_
- Please remove the entire balance from my \_\_\_\_\_ account # \_\_\_\_\_
- At maturity**, please redeem my certificate of deposit # \_\_\_\_\_
- Other \_\_\_\_\_

**Transmit the funds to the following address:**

Bank Forward  
Attn: Personal Banking Dept.  
PO Box 635  
Valley City ND 58072-0635

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_



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