

Switching Banks is Easy.....



Making life easier for those in our community.....

## SWITCH KIT INSTRUCTIONS

Print these forms and have completed upon your arrival for faster service

- Page 2 Please tell us what type of account you would like and any additional financial tools that you might need
- Page 3 Please leave no blanks here. We need the requested information for all signers on this account. If you have more than 2 signers you may reprint this page. Don't forget to include photo copies of the two ID types required for each signer.
- Page 4 This is the required documentation that will be needed for each business account type.
- Page 5 You will need to fill out one of these forms for each Direct Deposit that you currently have tied to your former account.
- Page 6 You will need to fill out one of these forms for each Automatic Debit that you currently have tied to your former account.

Pages 5 and 6 should go to each party with whom you have an arrangement for automatic debits and/or direct deposits currently tied to your former account

WARRENTON  
128 BROADVIEW AVENUE  
WARRENTON, VA 20186  
(540) 359-7100

MARSHALL  
4174-D OLD STOCKYARD ROAD  
MARSHALL, VA 20115  
(540) 364-1187

[www.oakviewbank.com](http://www.oakviewbank.com)



How would you like the account titled?

What type of account(s) would you like us to open for you?

PERSONAL ACCOUNT

BUSINESS ACCOUNT

- Free Checking
- 50+ Checking
- Relationship Checking
- NOW Checking
- Super NOW Checking
- Money Market Checking
- Premium Money Market Checking
- Savings Account
- Youth Savings Account
- Club Savings Account
- Certificate of Deposit  
Term: \_\_\_\_\_
- IRA Certificate of Deposit  
Term: \_\_\_\_\_

- Small Business Checking
- Small Business with Interest
- Non-Profit Checking
- Commercial Analysis Checking
- IOLTA Checking
- Money Market Checking
- Business Savings
- Certificate of Deposit  
Term: \_\_\_\_\_

Account(s) will be held as:

- Single Party
- Multiple Party (more than one owner & signer)
- Trust Account (first 3 pages of trust and all signature pages required)
- Other: \_\_\_\_\_

Would you like to name a pay on death beneficiary on the account(s)?  Yes  No

Beneficiary Name	Relationship	Date of Birth	Social Security Number
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(If a payable on death account is requested, the above information will be required on each beneficiary)

Please check any additional financial tools you may need:

- Online Banking
- Online Bill Pay Service
- Automatic Deposit
- VISA Debit Card
- Credit Card
- Other: \_\_\_\_\_
- Safe Deposit Box
- Overdraft Protection
- Incoming/Outgoing Wire Service
- Home Equity Financing
- Auto Loan



INDIVIDUAL / SIGNER INFORMATION (Please Print)

Account Owner:

\*Full Name \_\_\_\_\_ \*SSN# \_\_\_\_\_

\*Home Phone; \_\_\_\_\_ \*Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

\*Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if different from physical address)

\*Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_

\*Occupation: \_\_\_\_\_ \*Employer: \_\_\_\_\_

ADDITIONAL SIGNER INFORMATION (Please Print)

\*Full Name: \_\_\_\_\_ \*SSN# \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ \* Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(If different from physical address)

\*Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_

\*Occupation: \_\_\_\_\_ \*Employer: \_\_\_\_\_

NOTE: One original primary and one secondary ID must accompany this paperwork for **each** signer when returned (see acceptable ID types below)

Primary Identification

- Valid Drivers License
- Valid State ID Card
- Valid Passport
- Valid Military ID
- US Alien Registration Card

Secondary Identification

- Voters Registration Card
- Credit Card
- Utility Bill
- Non-US Persons Government issued ID
- Social Security Card

Accounts must be opened in person.

NOTE: Items marked with " \* " are required fields

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*Required Documentation for Business Account Openings*

Based on the type of business, the following documentation will be required. No account will be established until all documentation is received and verified.

**Sole Proprietorship**

- Social security card or confirmation of employer identification number
- Valid identification for each signatory (including social security number)
- Fictitious name registration
- Business tax receipt
- Executed resolution at account opening

**Partnership**

- Confirmation of employer identification number
- Valid identification for each signatory / partner (including social security number)
- Partnership Agreement
- Executed resolution at account opening by all partners

**Limited Liability Company**

- Confirmation of employer identification number (single member LLC may use SSN)
- Valid identification for each signatory (including social security number)
- Operating Agreement
- Articles of Organization
- Executed resolution at account opening by all members

**Corporation**

- Confirmation of employer identification number
- Valid identification for each signatory (including social security number)
- Certificate of Incorporation
- Articles of Incorporation
- 501(c)3 – Applicable for Non-Profit Companies only
- Executed resolution at account opening by all officers

**Campaign Account**

- Confirmation of employer identification number (IRS regulates that the campaign have its own EIN)
- Valid identification for each signatory (including social security number)
- Completed copy of Form DS-SE9, Appointment of Campaign Treasurer & Designation of Campaign Depository
- Completed copy of FEC Form 1, Statement of Organization (Federal Campaign Only)

**Club/Civic Organization/Non-Profit**

- Confirmation of employer identification number
- Valid identification for each signatory (including social security number)
- Minutes from meeting indicating officers elected
- 501(c)3 – Applicable for Non-Profit Companies only
- Organizational letterhead signed by president stating signing authority
- Executed resolution at account opening by all signers

NOTATION: IOLTA account will require the "Request to Establish IOLTA Account" form. This form is required by Legal Service Corporation of Virginia.



Please accept this document as authorization that I have opened a new checking and/or savings account with Oak View National Bank. I would like my paycheck/retirement proceeds to be automatically deposited into my new account according to the instructions below.

To: Payroll Department  
Employer/Company name: \_\_\_\_\_

From: \_\_\_\_\_

Subject: Payroll Direct Deposit  
Date: \_\_\_\_\_



- Establish Direct Deposit
- Change my existing Direct Deposit

Deposit Instructions:

Deposit entire amount to checking account number \_\_\_\_\_ OR

Deposit \$ \_\_\_\_\_ to savings account number \_\_\_\_\_ AND  
the remainder into checking account number \_\_\_\_\_.

Oak View National Bank Routing Number: 051409582

I authorize:

- The above listed employer/company to change deposits of my funds to my Oak View National Bank checking and/or savings account
- Oak View National Bank to credit funds to my account(s)
- This authorization to remain in effect until I send written notice of change or cancellation

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



Please accept this document as authorization that I have opened a new checking and/or savings account with Oak View National Bank. I would like my payment to be directly debited from my new account according to the instructions below.

- Set Up Automatic Payment
- Change my existing Automatic Payment

**Automatic Payment Information:**

Company Name: \_\_\_\_\_  
 Company Account #: \_\_\_\_\_  
 Payment Amount \$: \_\_\_\_\_



**Personal Information:**

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_

**Bank Account Information:**

Account Type:  
 Checking    Savings    Money Market  
 Oak View National Bank Account #: \_\_\_\_\_

**Oak View National Bank Routing Number: 051409582**

**I authorize:**

- The company listed to initiate withdrawal of my funds from the above account.
- Oak View National Bank to debit funds from my account.
- This authorization to remain in effect until I send written notice of change or cancellation.

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