Making the switch to better banking today!

You can make the move to the Community Bank of Pleasant Hill in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to CBPH, where you'll enjoy a better experience for all your banking needs!

1

Open your new account.

Apply online in minutes or visit your local branch to open your new CBPH account(s).

2

Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to CBPH.

3

Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to CBPH.





Direct Deposit Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your Community Bank of Pleasant Hill account. Use one form for each direct deposit.

Notification of D	irect Deposit Au	uthorization C	hange
Company or Employer:			
Address:			
City, State, Zip:			
Phone Number:			
Employee ID: (if applicable)			
Effective immediately, pl	ease deposit the net ar	mount of my check t	o my CBPH account. I
authorize (name of depos	sitor)		
to automatically deposit	funds into the account	below. This authoriz	ration shall remain in
place until I have submit	ted a new authorization	n, or until this autho	rization is changed or
revoked by me in writing			
Place an X next to your de	sired option.		
Net amount	to CBPH CHECKING		
Account #		Routing #	101219279
Net amount	to CBPH SAVINGS		
Account #		Routing #	101219279
Signature:			Date:
Name:			
Address:			
City, State, Zip:			
Phone Number:			

Direct Deposit Checklist:

Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits.

 Pav	rol

Investment	

____ Retirement Plans

____ Social Security



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Automatic Withdrawal Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record online on their website.

Notification of V	Withdrawal Auth	orization Cha	nge
Name of Company:			
Account Number:			
Payment Amount:			
Address:			
City, State, Zip:			
Phone Number:			
Please change my autor	matic withdrawal from the	e following account:	
Account #		Bank Routing #	
Please make all future a	automatic withdrawals fro	m the following acco	ount:
Financial Institution:	Community Bank of Ple	easant Hill	
Account #		Bank Routing #	101219279
Thank you very much	1.		
	nain in effect until I have s me in writing that this aut		
Signature:			Date:
Name:			
Address:			
City, State, Zip:			
Phone Number:			

Automatic Withdrawal Checklist:

Use this list to remember all your automatic payments you need to transfer. These are some of the most commonly used automatic payments.

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____ Insurance

___ Cable/Internet

____ Gym/Club Memberships

____ Credit Cards

____ Investments

____ Subscriptions

__ Charity Donations





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Account Closure Authorization

You can authorize your remaining balance to be deposited automatically to your new CBPH account(s) or paid by a check forwarded to your mailing address.

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

Notification of A	Account Closure	e Authorizatio	n
To Whom It May Conce	rn:		
Financial Institution:			
Address:			
City, State, Zip:			
Please close my accour	nt:		
Account Number:		Primary Owner:	
Address:			
City, State, Zip:			
Please send the remain	_	account at CBPH.	
Account #			101219279
Please forwa	ard me a check to my a	ddress listed below.	
Primary Signature:			Date:
Joint Signature:			
Name:			
Address:			
City, State, Zip:			
Phone Number:			

Congratulations!

You had to sign your name a few times...but submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a local partner makes.

Welcome to CBPH!



