

SwitchKit

Welcome to Community West Bank. You deserve a relationship with a bank that offers responsive service, expertise and a wide range of products and services. Switching accounts may seem overwhelming, but our SwitchKit guides you through the process.

1 Set Up Your Account

Provide the basic information for your new account. There are a variety of checking and savings plans available, so bring this information to a banking specialist and we will help tailor the account to meet your specific needs.

2 Change Your Direct Deposit

Transfer direct deposits from your old checking and savings account to your new CVCB account by completing the "Change Direct Deposit" form. Take or mail the completed form to:

- Your employer's human resources department
- Companies handling retirement or pension payments
- Brokerage companies (interest, dividends)
- Contact the Social Security Administration directly for instructions to change SSI payments to your CWB account at **800-772-1213** or go to **www.ssa.gov**.

3 Change Automatic Withdrawals

To change automatic withdrawals to your new account, make copies of the "Change Automatic Withdrawal" form and send to each company that withdraws from your account. This may include:

- Utilities
- Insurance
- Loans/Mortgages
- Internet/Phone Service

Within a few weeks, contact each company and confirm that they received and processed your request.

4 Close Old Accounts

Previous accounts should be left open and with enough money for outstanding checks and automatic withdrawals to clear. This may take several weeks. Once you know the old account is inactive, send the "Close Account" form to your former bank and request the balance from that account, then destroy old checks, ATM/debit cards and deposit slips.

Questions? Call one of our Banking Specialists at (800) 298-1775 or stop by one of our convenient locations and we will be happy to help.

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1 Open Your Checking Or Savings Account

Provide the basic information to open your account:

Account Holder 1

Full Name: _____ Social Security #: _____
Physical Address: _____ City, State, Zip: _____
Alternate Address: _____ City, State, Zip: _____
Home Ph: _____ Work Ph: _____
Employer: _____ Occupation: _____
Birth Date: _____ Birthplace: _____ Mother's Maiden Name: _____
Primary ID (Type/Number): _____ Issue Date: _____ Exp. Date: _____
Secondary ID (Type/Number): _____ Issue Date: _____ Exp. Date: _____
Email Address: _____

Account Holder 2

Full Name: _____ Social Security #: _____
Physical Address: _____ City, State, Zip: _____
Alternate Address: _____ City, State, Zip: _____
Home Ph: _____ Work Ph: _____
Employer: _____ Occupation: _____
Birth Date: _____ Birthplace: _____ Mother's Maiden Name: _____
Primary ID (Type/Number): _____ Issue Date: _____ Exp. Date: _____
Secondary ID (Type/Number): _____ Issue Date: _____ Exp. Date: _____
Email Address: _____

For business accounts, please provide the following:

(Additional information will be required to open and establish your Business Account)

Business Name: _____ Tax ID#: _____
Business Address: _____ City, State, Zip: _____
Business Ph: _____ Business Fax: _____
Business Email: _____

- ☐ Sole Proprietorship
☐ Partnership
☐ Corporation
☐ Association

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2 Change Direct Deposit

Effective Date: _____

Date: _____

To: _____
(Employer/Depositor's Name)

(Address)

(City, State, Zip)

To Whom It May Concern:

This form is notification that I have established a new account at Community West Bank.
Please discontinue direct deposits to my old account number _____ (account number) with
_____ (Bank) and immediately start direct deposits to my new account at:

Community West Bank
7100 N. Financial Drive, Ste. 101
Fresno, CA 93720

Attn: _____
(Branch Name)

(Community West Bank Rep)

Routing Number: 121137726

Account Number: _____
☐ Savings ☐ Checking (check one)

My contact information is below should you require additional information or if you have any questions. Thank you.

Account Holder Contact Information:

Signature: _____ Name (print): _____

Address: _____ City, State, Zip: _____

Phone Number: _____

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3 Change Automatic Withdrawal

Effective Date: _____

Date: _____

To: _____
(Name of company that initiates the automatic withdrawal)

(Address)

(City, State, Zip)

To Whom It May Concern:

Please stop withdrawals in the amount of \$ _____ for _____
(payment/type/description)

Former Bank: _____ Routing Number: _____

Account Number: _____ Or Card Number: _____

Please start withdrawing from my checking account or card shown below:

☐ My account at:

Community West Bank
7100 N. Financial Drive, Ste. 101
Fresno, CA 93720

Attn: _____
(Branch Name)

(Community West Bank Rep)

Routing Number: 121137726

Account Number: _____

☐ Savings ☐ Checking (check one)

☐ My Community West Bank credit card:

Card Number: _____ Expiration: _____ CVV: _____

My contact information is below should you require additional information or if you have any questions. Thank you.

Account Holder Authorization/Information:

Signature: _____ Name (print): _____

Address: _____ City, State, Zip: _____

Phone Number: _____ Customer Account Number: _____

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4 Request to Close Account

Date: _____

To: _____
(Financial Institution Name)

(Address)

(City, State, Zip)

To Whom It May Concern:

Please close my account(s) at your institution immediately following the credit of interest earned on my account:

Account Numbers: _____

I hereby authorize and instruct you (the previous bank named herein) to close my depository account and send the total remaining balance to Community West Bank to credit my account as shown below.

☐ All checks and debits have cleared the account (s), and all automatic payments and debits have been transferred to my new account.

Community West Bank
7100 N. Financial Drive, Ste. 101
Fresno, CA 93720

Attn: _____
(Branch Name)

(Community West Bank Rep)

Routing Number: 121137726

Account Number: _____

☐ Savings ☐ Checking (check one)

My contact information is below should you require additional information or if you have any questions. Thank you.

Account Holder 1 Signature: _____ Date: _____

Account Holder 1 Name (print): _____

Account Holder 2 Signature: _____ Date: _____

Account Holder 2 Name (print): _____

Address: _____ City, State, Zip: _____

Phone Number: _____

Note: Community West Bank can neither predict nor control any closing fees that may be assessed by another financial institution in the fulfillment of this request.

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List Your Bill Pay, Debit/Credit Card Debits and Recurring Transfers

List all automatic bill pay transactions you have set up in online banking, debit/credit card recurring debits, or any automatic or online account-to-account transfers that you may need to re-establish.

[illegible]

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