

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.



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.

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.

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.

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.

Community West Bank

Investing in Relationships







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 Na	me:	
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 Na	me:	
Primary ID (Type/Number):	Issue Date:	Exp. Date:	
Secondary ID (Type/Number):	Issue Date:	Exp. Date:	
Email Address:			
For business accounts, please provide the fol (Additional information will be required to open and e	-	nt)	
Business Name:	Tax ID#:		
Business Address:	City, State, Zip:		
Business Ph:	Business Fax:		
Business Email:			
Sole Proprietorship			
Partnership			

Corporation

□ Association

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Change Direct Deposit		Effective Date:	
Date:			
То:	Depositor's Name)		
(Employer/	Depositor's Name)		
(Address)			
(City, State,	, Zip)		
To Whom It M	lay Concern:		
Please discont		v account at Community West Bank. t number (account number) wit iately start direct deposits to my new account at:	
	Community West Bank	Attn:	
	7100 N. Financial Drive, Ste. 101 Fresno, CA 93720	(Branch Name)	
		(Community West Bank Rep)	
	Routing Number: 121137726		
	Account Number:		
	□ Savings □ Checking (check on	e)	
My contact inf	ormation is below should you require a	additional information or if you have any questions. Thank you	
-	formation is below should you require a	additional information or if you have any questions. Thank you	
Account Hold	er Contact Information:	additional information or if you have any questions. Thank you Name (print):	



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	natic Withdrawal		ve Date:
Date:		-	
To: (Name of compar	ny that initiates the automatic withdrawal)	-	
(Address)		-	
(City, State, Zip)		-	
To Whom It May C	oncern:		
Please stop withd	rawals in the amount of \$		
			ment/type/description)
Former Bank:		_ Routing Number:	
Account Number:		Or Card Number:	
Please start withdra My account at:	awing from my checking account or car Community West Bank		
	Community West Bank 7100 N. Financial Drive, Ste. 101	Attn:	
	Community West Bank 7100 N. Financial Drive, Ste. 101 Fresno, CA 93720	Attn: (Branch Name) (Community W	est Bank Rep)
 My account at: My Community V 	Community West Bank 7100 N. Financial Drive, Ste. 101 Fresno, CA 93720 Routing Number: 121137726 Account Number:	Attn: (Branch Name) (Community W	est Bank Rep)
 My account at: My Community V Card Number: 	Community West Bank 7100 N. Financial Drive, Ste. 101 Fresno, CA 93720 Routing Number: 121137726 Account Number: Savings Checking (check West Bank credit card:	Attn: (Branch Name) (Community W one) Expiration:	est Bank Rep) CVV:
 My account at: My Community My Community My Card Number: My contact information 	Community West Bank 7100 N. Financial Drive, Ste. 101 Fresno, CA 93720 Routing Number: 121137726 Account Number: Savings Checking (check West Bank credit card:	Attn: (Branch Name) (Community W one) Expiration:	est Bank Rep) CVV:
 My account at: My Community M Card Number: My contact information Account Holder Automatic 	Community West Bank 7100 N. Financial Drive, Ste. 101 Fresno, CA 93720 Routing Number: 121137726 Account Number: Savings Checking (check West Bank credit card: ation is below should you require additi	Attn: (Branch Name) (Community W one) _ Expiration: onal information or if you ha	est Bank Rep) CVV: ve any questions. Thank yo
 My account at: My Community V Card Number: My contact information of the second content of the second content	Community West Bank 7100 N. Financial Drive, Ste. 101 Fresno, CA 93720 Routing Number: 121137726 Account Number: Savings Checking (check West Bank credit card: ation is below should you require addition ation is below should you require addition	Attn: (Branch Name) (Community W (Community W (Community W (Community W (Community W (Community W (Community W (Community W (Community W	est Bank Rep) CVV: ve any questions. Thank yo

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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	Attn	:
	7100 N. Financial Drive, Ste. 101 Fresno, CA 93720		(Branch Name)
			(Community West Bank Rep)
	Routing Number: 121137726		
	Account Number: Savings Checking (check one)		
-			nformation or if you have any questions. Thank you.
	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 accessed by another financial institution in the fulfillment of this request.

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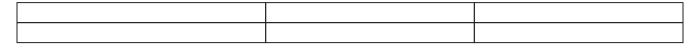




List Your Bill Pay, Debit/Credit Card Debits and Recurring Transfers

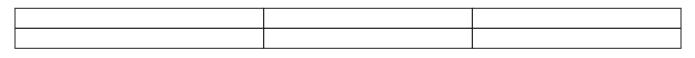
List all automatic bill pay transactions you have set up in online banking, debit/credit card recurring debits, or any automatic or online account-to-account transfers that you may need to re-establish.

Payee/Address	Phone/Fax	Amount/Account Number









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