

# Simplify Your Life

Switch to Central Bank of St. Louis

## Account Application

### Personal Information

| Individual Account Holder          |       |            |                 | Joint Account Holder               |       |            |                 |
|------------------------------------|-------|------------|-----------------|------------------------------------|-------|------------|-----------------|
| Name                               |       |            |                 | Name                               |       |            |                 |
| Physical Address (no P.O. Box)     |       |            |                 | Physical Address (no P.O. Box)     |       |            |                 |
| City, State, Zip                   |       |            |                 | City, State, Zip                   |       |            |                 |
| Mailing Address                    |       |            |                 | Mailing Address                    |       |            |                 |
| City, State, Zip                   |       |            |                 | City, State, Zip                   |       |            |                 |
| Home Phone                         |       |            |                 | Home Phone                         |       |            |                 |
| Cell Phone                         |       |            |                 | Cell Phone                         |       |            |                 |
| Work Phone                         |       |            |                 | Work Phone                         |       |            |                 |
| Email Address                      |       |            |                 | Email Address                      |       |            |                 |
| Driver's License Number            | State | Issue Date | Expiration Date | Driver's License Number            | State | Issue Date | Expiration Date |
| SSN                                |       |            |                 | SSN                                |       |            |                 |
| Date of Birth                      |       |            |                 | Date of Birth                      |       |            |                 |
| Employer (If retired, from where?) |       |            |                 | Employer (If retired, from where?) |       |            |                 |
| Occupation                         |       |            |                 | Occupation                         |       |            |                 |

To complete account opening, please print and bring this information with you to any of Central Bank of St. Louis locations. Additional forms will need to be signed in person by both the primary and joint account holder.

You will need to bring your valid driver's license, passport, or military I.D., plus additional forms of identification.



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Signer Information

| Individual Account Holder          |       |            |                 | Joint Account Holder               |       |            |                 |
|------------------------------------|-------|------------|-----------------|------------------------------------|-------|------------|-----------------|
| Name                               |       |            |                 | Name                               |       |            |                 |
| Physical Address (no P.O. Box)     |       |            |                 | Physical Address (no P.O. Box)     |       |            |                 |
| City, State, Zip                   |       |            |                 | City, State, Zip                   |       |            |                 |
| Mailing Address                    |       |            |                 | Mailing Address                    |       |            |                 |
| City, State, Zip                   |       |            |                 | City, State, Zip                   |       |            |                 |
| Home Phone                         |       |            |                 | Home Phone                         |       |            |                 |
| Cell Phone                         |       |            |                 | Cell Phone                         |       |            |                 |
| Work Phone                         |       |            |                 | Work Phone                         |       |            |                 |
| Email Address                      |       |            |                 | Email Address                      |       |            |                 |
| Driver's License Number            | State | Issue Date | Expiration Date | Driver's License Number            | State | Issue Date | Expiration Date |
| SSN                                |       |            |                 | SSN                                |       |            |                 |
| Date of Birth                      |       |            |                 | Date of Birth                      |       |            |                 |
| Employer (If retired, from where?) |       |            |                 | Employer (If retired, from where?) |       |            |                 |
| Occupation                         |       |            |                 | Occupation                         |       |            |                 |

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Business Information

## Account Application

| Business Information                                 |
|--|
| Business Name  |
| Physical Address (no P.O. Box)                       |
| City, State, Zip                                     |
| Mailing Address (If Different than physical address) |
| City, State, Zip                                     |
| Business Phone                                       |
| Primary Contact Name                                 |
| Primary Contact Phone Number                         |
| Primary Contact Email Address                        |
| Federal Tax ID Number                                |
| Beneficial Owners of Business                        |
| Years In Business                                    |
| Specific Line of Business                            |
| List of Signers                                      |

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You will need to bring your valid driver's license, passport, or military I.D., plus additional forms of identification.



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## Account Application

| Individual Account Holder          |            |                 | Joint Account Holder               |            |                 |
|------------------------------------|------------|-----------------|------------------------------------|------------|-----------------|
| Name                               |            |                 | Name                               |            |                 |
| Address                            |            |                 | Address                            |            |                 |
| City, State, Zip                   |            |                 | City, State, Zip                   |            |                 |
| Home Phone                         |            |                 | Home Phone                         |            |                 |
| Cell Phone                         |            |                 | Cell Phone                         |            |                 |
| Work Phone                         |            |                 | Work Phone                         |            |                 |
| Email Address                      |            |                 | Email Address                      |            |                 |
| Driver's License Number, State     | Issue Date | Expiration Date | Driver's License Number, State     | Issue Date | Expiration Date |
| SSN                                |            |                 | SSN                                |            |                 |
| Date of Birth                      |            |                 | Date of Birth                      |            |                 |
| Employer (If retired, from where?) |            |                 | Employer (If retired, from where?) |            |                 |
| Occupation                         |            |                 | Occupation                         |            |                 |

\_\_\_\_\_  
Signature of first named owner

\_\_\_\_\_  
Signature of joint owner

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## Account Closing Form

Previous Bank \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From:  
Primary Account Holder's Name \_\_\_\_\_  
Primary Social Security Number \_\_\_\_\_  
Secondary Account Holder's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please forward funds according to closing date to:

Central Bank of St. Louis

Attn: \_\_\_\_\_ (customer name)

c/o: \_\_\_\_\_ (customer name)

7707 Forsyth Blvd

St. Louis, MO 63105

Please close the following accounts

| Account Type | Account Number* | Check Here to send payment immediately* | Special Instructions |
|--------------|-----------------|---|----------------------|
|              |                 |   |                      |
|              |                 |   |                      |
|              |                 |   |                      |
|              |                 |   |                      |

I authorize you to close the accounts listed above and to forward funds to Central Bank of St. Louis.

Primary Account Holder Signature \_\_\_\_\_

Secondary Account Holder Signature \_\_\_\_\_

Date \_\_\_\_\_

\*Please make sure all checks and all automatic debits have been switched prior to closing your account.  
We recommend viewing two months statements to ensure you have switched them all.



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## Automatic Payment Switch Form

Merchant or Utility Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Merchant or utility account number \_\_\_\_\_

From: \_\_\_\_\_  
Customer Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Financial Information

Please redirect my automatic withdrawal from my old account:

Bank Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Routing No. \_\_\_\_\_

To be withdrawn from new account at Central Bank of St. Louis:

Account No. \_\_\_\_\_  
Routing No. 081004601  
Amount of withdrawal \_\_\_\_\_  
Effective Date \_\_\_\_\_

I, \_\_\_\_\_ (print name), authorize you to redirect payment from my old account to my new account effective \_\_\_\_\_. If you have questions, please contact me at the following phone number \_\_\_\_\_.

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete a new form for each automatic withdrawal you are switching. To save time and money, stop by any Central Bank of St. Louis location for assistance in completing your forms. We will make it simple by completing the switch and mailing the forms to the address you listed, postage is on us!  
Thank you for choosing Central Bank of St. Louis.



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## Authorization to Change Direct Deposit

To:  
Company Name \_\_\_\_\_ Attn: \_\_\_\_\_  
Company Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

From \_\_\_\_\_ Employee SSN \_\_\_\_\_  
Employee I.D. \_\_\_\_\_ Department Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home phone \_\_\_\_\_

I authorize you to change my Payroll direct deposit to my new Central Bank of St. Louis account effective beginning \_\_\_\_\_ (Date) (please allow 3 to 4 weeks).

### Current Direct Deposit

| Old Financial Institutions | Account Number | Routing Number | Amount |
|----------------------------|----------------|----------------|--------|
|                            |                |                |        |
|                            |                |                |        |

### Redirect my direct deposit to:

| Old Financial Institutions | Account Number | Routing Number | Amount |
|----------------------------|----------------|----------------|--------|
|                            |                | 081004601      |        |
|                            |                | 081004601      |        |

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_



**Central Bank  
of St. Louis**