

Simplify Your Life

Switch to Central Bank of the Ozarks

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 the Ozarks 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 Account Application

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

To complete account opening, please print and bring this information with you to any of Central Bank of the Ozarks 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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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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of the Ozarks**

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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 the Ozarks
 Attn: _____ (customer name)
 c/o: _____ (customer name)
 PO Box 3397
 Springfield, Mo 65808

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 the Ozarks.

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 the Ozarks:

Account No. _____
Routing No. 086518477
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 the Ozarks 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 the Ozarks.



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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 the Ozarks account effective beginning _____ (please allow 3 to 4 weeks).
(Date)

Current Direct Deposit

Old Financial Institutions	Account Number	Routing Number	Amount

Redirect my direct deposit to:

Old Financial Institutions	Account Number	Routing Number	Amount
		086518477	
		086518477	

Authorized signature _____ Date _____

