

North Bay Credit Union makes it simple to

Switch Your Checking Account

We make it easy for you. Just follow these steps.

1. Open your North Bay Credit Union Free Checking Account. (*Application Enclosed*) Mail completed application or bring your completed application in to the branch.

2. Make the transition.

- **Move your Direct Deposit to your new North Bay Credit Union Checking Account.** (*Form Enclosed*) To move your payroll Direct Deposit, contact your Human Resources departments or use the *form enclosed*. If you have other sources of Direct Deposit, such as Social Security or retirement plan, remember to change those as well. To switch Social Security deposits, visit ssa.gov/deposit or call (800) 772-1213. You will need to provide the Credit Union ABA Routing number, **321177573**, and your checking account number.

- **Redirect your automatic payments.**

Move automatic payments or withdrawals, such as loans and recurring bills, to your new Credit Union Checking Account at least two weeks before the next payment is due. You will need to provide the Credit Union ABA Routing number, **321177573**, and your checking account number. Sign up for Online Banking and go to grangecu.org to set up your new Bill Pay and to view Online Statements. Don't forget to include **Mortgage payment, Insurance premium payments, Gas Company, Water Company, Telephone Provider, Cable/Internet Services, and Credit Cards.**

- **Stop using your old checking account.**

Stop using your old account and allow enough time for any outstanding checks, automatic payments, and all card transactions to clear. Destroy any unused checks and cards.

3. Close your old checking account. (*Form Enclosed*)

Close your old account by sending the attached completed form to your old bank, or receive a cashier's check for the remaining balance and deposit it using any of the following; mobile banking, a co-op ATM, or a branch.

If you are having any trouble at all or need any individual assistance we are more than happy to do whatever we can to make your transition as effortless as possible. We are available for appointments outside of normal business hours to help walk you through any part of the process that may be troublesome. Contact us at (707) 584-0384 or info@northbaycu.com

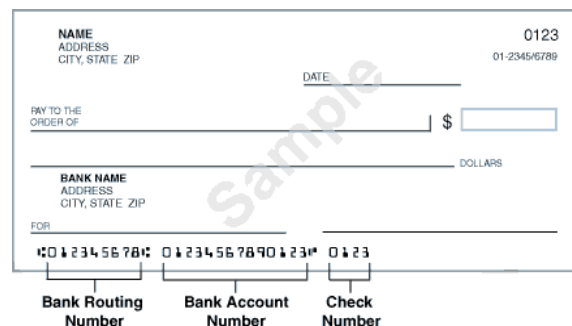
Important information

North Bay Credit Union ABA/Routing Number

321177573

Your new Checking Account number:

8360000000 _ _ _ _



NAME
ADDRESS
CITY, STATE ZIP

DATE

0123
01-23456789

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

BANK NAME
ADDRESS
CITY, STATE ZIP

FOR _____

⑆0⑆2345678⑆ ⑆0⑆234567890⑆23⑆ ⑆0⑆23

Bank Routing Number Bank Account Number Check Number



LOANLINER

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No: _____

Member/Owner:

Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone:	Password:
E-mail:	Membership Eligibility:
Employer:	

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

Individual Joint Account with Rights of Survivorship Joint Account without Rights of Survivorship

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All Accounts Designate Specific Accounts _____

Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:

UTMA/UGMA (as custodian for Minors Act) (minor) under the Uniform Transfers/Gifts to Minors Act

Minor's SSN/TIN: _____

Agency Print Name of Agent: _____
Signature _____ Date: _____

All Accounts Designate Specific Accounts _____

Other: See Account Authorization Card

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

Suffix	Suffix
<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Money Market: _____
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> HSA: _____
<input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> Other: _____

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

<input type="checkbox"/> Payroll Deduction/Direct Deposit:	
<input type="checkbox"/> Audio Response:	
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority.):	
<input type="checkbox"/> ATM Card:	<input type="checkbox"/> Debit Card:
<input type="checkbox"/> PC Access/Internet Banking:	
<input type="checkbox"/> Other:	

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- (1) *The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and*
- (2) *I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and*
- (3) *I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____	Exemption from FATCA reporting code (if any) _____
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AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

<p>X</p> <p>Signature _____ Date _____</p>	<p>X</p> <p>Signature _____ Date _____</p>
<p>X</p> <p>Signature _____ Date _____</p>	<p>X</p> <p>Signature _____ Date _____</p>

FOR CREDIT UNION USE ONLY	<input type="checkbox"/> See Account Change Card	<input type="checkbox"/> See Insurance Beneficiary Card
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Date of Membership:	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking

Switch Kit

Direct Deposit Transfer Request Form

Once you have completed this form, please deliver it to your employer/depositor for processing.

Employer/Depositor Name

Address

City, State, Zip

Telephone Number

To Whom It May Concern:

You are currently electronically depositing funds to the following account:

Financial Institution

Routing Transit Number

Account Number

Please stop depositing to the above account and begin depositing to the account listed below.
New Account Information:

North Bay Credit Union

Financial Institution

321177573

Routing Transit Number

Account Number: : Account Type _____ Savings _____ Share Draft Checking

Thank you.

Sincerely,

Name (Please Print)

Signature

Address

City, St, Zip

Phone

*Remember to include a voided check with your request

Switch Kit

Close Account Form

Be sure to leave sufficient funds in your current account long enough for outstanding checks and automatic withdrawals to clear. Once all transactions have been posted and you are ready to close the account, print and complete this form, and mail it to your current financial institution.

Employer/Depositor Name

Address

City, State, Zip

To Whom It May Concern:

Please close my account _____ and forward the funds remaining in my account to: North
Account Number

Bay Credit Union, 304 Sutton Pl, Santa Rosa, CA 95407. North Bay Credit Union's routing number is 321177573. My
North Bay account number is _____: _____ Savings _____ Share Draft Checking

Grange Account Number

Thank you for your assistance.

Sincerely,

Name (Please Print)

Signature

Address

City, St, Zip

Joint Owner - if applicable (please print)

Joint Owner Signature - if applicable

Date