



WE WELCOME YOU TO JOIN A FINANCIAL PARTNER THAT IS ALWAYS LOOKING OUT FOR YOUR BEST INTEREST!

You may be asking yourself what makes us unique from other banks? We're glad you asked! As an independent, locally-owned community bank, we have the ability to create solutions for our customers that may not fit the typical approach. Our many flexible products and services are delivered to you quickly with our intimate community bank experience.

In addition, you have the option of banking with any of our convenient locations across Colorado, and when traveling, you can rest assured knowing you can access your cash surcharge-free at over 43,000+ Allpoint ATMs.

Alpine Bank's five core values Independence, Integrity, Loyalty, Compassion & Community encompass the decisions we make every day. Many of our 750+ employees and managers have been with Alpine Bank for more than 10 years. This loyalty and dedication allows us to build long-term relationships. In fact, we are employee-owned by people who are your neighbors, and who live in and support our communities alongside your family.

We invite you to join us!

WE'VE MADE IT EASY AND HASSLE-FREE FOR YOU TO SWITCH BANKS.

Just complete these simple steps using the forms provided and you're done - it's as easy as that!



Open your new accounts

The first step is to open your new accounts. Visit any Alpine Bank location or open your consumer accounts online at alpinebank.com. You may select from a variety of additional products and services that suit your lifestyle such as a Loyalty VISA debit card, online banking and mobile banking, online bill pay, competitive credit cards, and much more!



Direct Deposit

Simply complete and sign the Authorization to Change Direct Deposit form and submit it to your employer or other organization involved. You will need to include a voided check from your new Alpine Bank account with the completed form*.



Automatic Funds Transfer (AFT)

If you've set up any AFTs like utility, phone, mortgage payments, or any other recurring deductions from your checking accounts, you'll need to notify the organizations involved of your new account numbers. To make this easy, we've created an Authorization to Change Automatic Funds Transfer form*.



Close your old accounts

After you've set up your new accounts with Alpine Bank, leave your old accounts active long enough to allow outstanding checks or automatic withdrawals to clear. This process may take several weeks. Once you're sure your old bank accounts are inactive, ask your previous Financial Institution to close them and send you the balances. Then you can destroy your old checks, ATM/debit cards and deposit slips. We've created a Closing Account form* to make this easy.

*PLEASE NOTE: Alpine Bank cannot guarantee that these forms will be accepted in every instance. Your old bank, and/or your key financial services partners, may require you to make any or all of these requests in person or by some other method than by mail. Also, they may require more or different information than is contained on the templates that follow.



NEW ALPINE BANK ACCOUNTS SET-UP

Bold items must be completed

Date: _____

Name: _____

Social Security Number (SSN) OR Tax Identification Number (TIN): _____

Employer / Occupation OR Nature of Business: _____ **NAICS code:** _____

How many ATMs do you own (if any)?: _____

For Business Accounts - Will you: **Cash Checks?** **Sell Money Orders?** **Transmit Money?**

Business Market Area: _____ Do you intend to operate an Internet Gambling business? _____

Deposit Frequency (daily, weekly, monthly): _____ Avg Amt: _____ Cash %: _____

Cash W/D Frequency (daily, weekly, monthly): _____ Avg Amt: _____

Wire Transfer Frequency (daily, weekly, monthly): _____ Avg Amt: _____ Out to: _____ In from: _____

Mailing Address/City/State/Zip: _____

Physical Address/City/State/Zip: _____

Home Phone: _____ Business Phone: _____ State of residence last 5 years: _____

Identification Number (DL / Passport): _____ **ID Type: State / Country of Issue:** _____

ID Issue Date: _____ **ID Expiration Date:** _____

Date of Birth: _____ ****Inquire ID Code (Code Word):** _____

Home Fax: _____ Business Fax: _____

Home Cell: _____ Business Cell: _____

Email Address: _____ Email Address 2: _____

**This inquiry code (code word) is specific to you individually. It can be numbers, letters or a combination of both. We recommend that you do not use Personal Identification Numbers (PIN) or passwords that are easy to guess (for example, don't use birth dates, spouse, child or pet names)

BANK USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

Location: _____ CIF#: _____ Officer #: _____ Credit Score: _____

Social Security: _____ Year Issued Match (Yes/No): _____ Address Match (Yes/No): _____ Denial Sent (Yes/No): _____

Date Sent: _____

ChexSystem (Social Security Year/ State Available): _____

Financial Records(Yes/No): _____ Comments: _____ Retail Indicator(Yes/No): _____ Comments: _____

*****You must also call chexsystem for businesses for OFAC*****

Visa Debit Card Online Banking eStatements Mobile Banking Maintenance Checked SOS/Articles of Organization

Beneficial Owner Checks Ordered Verified ID

Comments – required for exceptions: _____

CSR Signature – required: _____ OFFICER APPROVAL – required for exceptions: _____



AUTHORIZATION TO CHANGE DIRECT DEPOSIT

Complete this form and send it to any organization that provides a direct deposit into your account. Remember to also send a voided check or deposit slip from your new Alpine Bank account(s).

Employer/Depositor's Name: _____

Street Address: _____

City/State/Zip: _____

Work Phone: _____

New Direct Deposit Information

Type of Deposit

Alpine Bank Checking Account Number

Alpine Bank's ABA Routing Number: 102103407

I hereby authorize the above organization named to deposit my paycheck or other distribution as indicated above, effective immediately. This request is to remain in effect until changed by me in writing. I agree that any funds erroneously deposited into my account in excess of my authorized amount, or then current salary, may then be withdrawn without liability or prior notice.

Authorized Signature: _____ Date: _____

Printed Name: _____

Address: _____ Phone: _____

City/State/Zip: _____

Is your check issued by the U.S. Treasury? You may enroll in direct deposit of all federal benefits payments at your banking center, online at www.godirect.org or by calling 1.800.333.1795. To obtain additional information regarding US Treasury direct deposit go to www.godirect.gov depending on the agency.



AUTHORIZATION TO CHANGE AUTOMATIC PAYMENTS

Complete this form for each company or organization within whom you have arranged for automatic payments

Current Account Number: _____

To Whom It May Concern:

Please redirect my automatic payment for the above account number to my new bank account as instructed below.

My New Alpine Bank Account Information:

Account type: Checking Savings

ABA Routing Number: **102103407**

My New Alpine Bank Account Number: _____

If you have any questions regarding this request, please contact me by mail or call me at the phone number listed below. If this form is not sufficient for automatic payments, please forward your authorized company form for my signature.

Authorized Signature: _____ Date: _____

Printed Name: _____

Address: _____ Phone: _____

City/State/Zip: _____



AUTHORIZATION TO CLOSE ACCOUNTS

After setting up your new accounts with Alpine Bank, leave your old accounts active until all your checks and automatic withdrawals clear. This process may take several weeks.

Once you're sure that your old accounts are inactive, provide this form to your previous financial institution to authorize the closing of your accounts.

Please close my accounts at:

Name of Financial Institution: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Effective date for account closing: _____

Account Numbers: _____

Names on Accounts: _____

ID Verification: _____

Please send a check for all remaining balances to me at the following address:

Street Address: _____

City/State/Zip: _____

I hereby authorize and instruct the named Financial Institution to close my accounts as indicated above.

Authorized Signature: _____ Date: _____

Printed Name: _____

Phone: _____