



RIVER VALLEY COMMUNITY BANK

PERSONAL ACCOUNT SWITCH KIT

Account Ownership: ☐ Individual ☐ Joint ☐ Trust ☐ Other

Account Product(s): ☐ Checking ☐ Senior Checking(50+) ☐ Plus Checking ☐ Junior/Student Checking
☐ Certificate of Deposit ☐ Money Market ☐ Savings ☐ Safe Deposit Box

ACCOUNT OWNER INFORMATION

Primary Owner (1) _____
First MI Last

Social Security Number Date of Birth Mother's Maiden Name

Physical Address City, State, ZIP

Mailing Address (if different) Email Address

Home Phone Number / Cell Phone Number / Work Phone Number Employer & Occupation

Primary ID (DL, ID, Passport #) / Issue / Expiration Dates - Attach Copy Secondary ID (Last 4 Digits only) / Issue / Expiration Dates

Joint Owner (2) _____
First MI Last

Social Security Number Date of Birth Mother's Maiden Name

Physical Address City, State, ZIP

Mailing Address (if different) Email Address

Home Phone Number / Cell Phone Number / Work Phone Number Employer & Occupation

Primary ID (DL, ID, Passport #) / Issue / Expiration Dates - Attach Copy Secondary ID (Last 4 Digits only) / Issue / Expiration Dates

Joint Owner (3) _____
First MI Last

Social Security Number Date of Birth Mother's Maiden Name

Physical Address City, State, ZIP

Mailing Address (if different) Email Address

Home Phone Number / Cell Phone Number / Work Phone Number Employer & Occupation

Primary ID (DL, ID, Passport #) / Issue / Expiration Dates - Attach Copy Secondary ID (Last 4 Digits only) / Issue / Expiration Dates

If you have additional signers, please provide their information on a separate sheet.

Please tell us which additional services you are interested in:*

☐ IRA

☐ On-Line Bill Pay

☐ Personal Visa**

☐ M/C Debit Card

☐ Mobile Banking

☐ Overdraft Protection**

☐ Internet Banking

☐ Mobile Wallet

☐ Other/Lending**

Important information:

All new account relationships are verified through ChexSystems, Inc. Returning this Switch Kit does not guarantee approval. To help the U.S. Government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person (and business) who opens a new account relationship. In addition to this form, additional information or proof of identification may be required by bank representative. If sent electronically, please encrypt or send secure to protect your confidential information. This application **does not** substitute as a signature card. Thank you for your assistance in this important task.

*Fees and restrictions may apply.

**This questionnaire does not take the place of a loan application. Please see a River Valley Community Bank Loan Officer to apply for and finalize a loan application.

Please return to: **River Valley Community Bank**

Yuba City Location
1629 Colusa Avenue
Yuba City, CA 95993
(530) 755-0418

Grass Valley Location
580 Brunswick Rd
Grass Valley, CA 95945
(530) 798-2690

Auburn Location
905 Lincoln Way
Auburn, CA 95603
(530) 537-2850

Marysville Location
904 B Street
Marysville, CA 95901
(530) 645-5050

Member FDIC • Equal Housing Lender

