

Intracoastal Bank

easy  **Switch**

Your True Hometown Bank
New Personal Account Kit



Personal Account

How would you like your account titled?

Account(s) Type:

- Checking
- Interest Checking
- Money Market
- Personal Saving
- CD/Term:
- IRA/Term:
- Other

Account(s) held as:

- Individual
- Joint – with Survivorship
- Trust
- UTMA
- Pay on Death Benf. (POD)
- Other

Additional Financial Tools:

- Online Banking
- Online BillPay
- Direct Deposit
- Visa/Check Card
- E-Statement
- Wires
- Safe Deposit Box
- Overdraft Protection
- Credit Card
- Home Equity Loan or LOC
- Auto Loan
- Mortgage
- Other

Personal Account

ACCOUNT OWNER (S)

Full Name	SS #	
Physical Address		
Mailing Address		
E-mail Address	Mother's Maiden Name	
Home #	Work #	Cell #
City of Birth	DOB	
Employer	Occupation	
DL # (copy needed)	Issue By	
Issue Date	Exp. Date	

Full Name	SS #	
Physical Address		
Mailing Address		
E-mail Address	Mother's Maiden Name	
Home #	Work #	Cell #
City of Birth	DOB	
Employer	Occupation	
DL # (copy needed)	Issue By	
Issue Date	Exp. Date	

PRIMARY ID: Valid Driver License, State ID, Military ID, Passport & US Alien Registration Card



Personal Account

ACCOUNT BENEFICIARIES

Full Name	SS #
Physical Address	
Mailing Address	
Home #	

Full Name	SS #
Physical Address	
Mailing Address	
Home #	

Full Name	SS #
Physical Address	
Mailing Address	
Home #	



AUTHORIZATION TO CHANGE AUTOMATIC DEBIT

We suggest that you complete this form and mail it to each party with whom you have an arrangement for Automatic Debits (i.e. Mortgage, insurance, etc...)

Authorization to Change Automatic Debits

Name: _____

Address: _____

City / State / Zip: _____

I am moving my account from (previous bank name):

Old Account Number: _____ Checking or Savings (please circle one)

Effective: _____ of 20_____.

Please begin debiting my new account at Intracoastal Bank:

1290 NW Palm Coast Parkway, Palm Coast, FL. 32137

My new account information is as follows:

New Account Number: _____ Checking or Savings (please circle one)

ABA / Routing #: 063116562

Attached is a voided check so that you may verify my Account & ABA routing number.

Authorized by: _____ Date: _____

Direct Debit / Account Reference Number: _____

Please confirm to me at the above phone number or address that this request change has been made as instructed. Thank you.

Signature Authorizing Change

Date



AUTHORIZATION TO CHANGE DIRECT DEPOSIT

We suggest that you complete this form and mail it to each depositor (your employer, Social Security, etc...) with whom you have an arrangement for Direct Deposit. You must inform each sender in order for you to receive proper credit.

Authorization to Change Direct Deposit

Name: _____

Address: _____

City / State / Zip: _____

I am moving my account from (previous bank name):

Old Account Number: _____ Checking or Savings (please circle one)

Effective: _____ of 20_____.

Please begin sending my Direct Deposit to my account at Intracoastal Bank:
1290 NW Palm Coast Parkway, Palm Coast, FL. 32137

My new account information is as follows:

New Account Number: _____ Checking or Savings (please circle one)

ABA / Routing #: 063116562

Attached is a voided check so that you may verify my Account & ABA routing number.

Authorized by: _____ Date: _____

Direct Credit / Account Reference Number: _____

Please confirm to me at the above phone number or address that this request change has been made as instructed. Thank you.

Signature Authorizing Change

Date

