

It's easy to make the switch to Viking Bank.

Our printable switch kit provides all the necessary forms required to open your new Viking account and transfer your existing personal account(s), including automatic deposits/payments to Viking.

Simply print and fill out the forms below and bring them in to a personal banker at your nearest Viking Bank branch. We'll take care of the rest!

Switch kit includes:

- **Account closure checklist** – Items to be reviewed before closing your existing account
- **New account / joint account holder application**
- **Direct deposit / automatic payment authorization form** – Use this form to transfer direct deposit / automatic payments to your new Viking Bank account. If you have regular direct deposits to your account (paycheck, Social Security funds, etc.) or automatic withdrawals (car payment, insurance, etc.) you will want to notify the company or organization that generates those transactions of the recent change to your account.
- **Account closure letter** - Use this form to provide notice and authorization to your former bank to close your account(s) and issue a check for the remaining balance(s). Please allow time for any outstanding checks, final direct deposits and/or automatic withdrawals to clear, before you close your account.

Account Closure Checklist

Before closing your account, make sure the following have been completed:

- All checks have cleared your existing account
- All automatic withdrawals and deposits have been switched to your new Viking Bank account and have cleared your existing account
- Remaining checks, deposit slips, debit and ATM cards have been destroyed

New Account Application

Product Checking Account Type _____
 Savings
 Money Market

Authorized Signer Information

Name _____
Street Address _____
Mailing Address _____
Social Security # _____
Date of Birth _____
Drivers License # _____ Issued _____ Expires _____
Home Telephone _____
Work Telephone _____

Authorized Signer Information

Name _____
Street Address _____
Mailing Address _____
Social Security # _____
Date of Birth _____
Drivers License # _____ Issued _____ Expires _____
Home Telephone _____
Work Telephone _____

Signature _____ Date _____

Printed name _____

Signature _____ Date _____

Printed name _____

Two pieces of identification are required at account opening. At least one form must be primary. Contact your local Viking branch for questions on other forms of acceptable identification. Branch may request additional identification

Primary Identification: Valid state Drivers License / ID card, Passport, Military ID

Secondary Identification: Credit / debit card, School ID, Work ID

Non US citizens must present two of the following: Passport, US taxpayer identification card, Alien Identification card, valid state drivers license or ID.

Direct Deposit / Automatic Payment Authorization Form

To: _____
Company / Organization Name

Company Address

City State Zip

Subject Account Number

From: _____
Your Name

Your Address

City State Zip

To whom it may concern;

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

Viking Bank Routing number: 125008220 Account number: _____

Account type: Checking Savings

Please redirect my: Direct deposit Automatic payment

Effective: Immediately Beginning ____/____/____

Deposit instructions: Deposit the entire amount to account number _____
 Deposit \$_____ to account # _____ and the remainder to account # _____.

If you have any questions about this request, please contact me at the following number:

_____.

Signature

Date

Printed name

Signature

Date

Printed name

(Attach voided check from new account)

Account Closure Request FormTo: _____
Bank NameFrom: _____
Your Name_____
Your Address_____
City State Zip

To whom it may concern;

Please accept this letter as authorization to close the following account(s) with your financial institution.

Account # _____ Type _____

Account # _____ Type _____

Account # _____ Type _____

Please send any funds remaining to the address above. If you have any questions about this request, please contact me at the following number _____.

Signature_____
Date_____
Printed name_____
Signature_____
Date_____
Printed name