

Switch Kit

We have made switching accounts to Bank of Denver easy with our Switch Kit. It includes all the forms you need to begin using our services. Use the convenient forms to close your accounts, change your direct deposits and automatic withdrawals. If you need help completing any of them, just stop by any of our branches or give us a call.

Open your new account. Your first step is to open your new account at the Bank of Denver. Once this account is in place, you have access to all of our benefits and other accounts. You can stop by any of our convenient branches to open your new account.

Close your old accounts. Be sure to leave your old accounts active long enough to allow outstanding checks and electronic withdrawals to go through. Leave enough money in place to cover these transactions. This process may take several weeks. Once you're sure that the old accounts are inactive; you can ask your previous financial institution to send you the balance from that account. Then you can destroy your old checks, ATM/debit cards and deposit slips.

Switch your automatic transactions. The enclosed forms will help you contact the companies and financial institutions which handle your automatic deposits and withdrawals. We'll be happy to help you with any of these forms. Use this checklist to keep track of the people you may need to contact:

Use this check list to make sure to make sure that you have contacted all of the people and firms that require notification of your new account at Bank of Denver. People have different situations. Revise this list to suit your individual needs.

- Your employer's human resources department
- The company handling your retirement or pension payments
- Social Security Administration
- Mortgage Company
- Homeowners insurance
- Auto insurance
- Life insurance
- Utility companies
- Telephone Company
- Other
- Other

You're done!

Thank you for choosing Bank of Denver! We hope that you will take advantage of all the great accounts and services we offer. Now you have access to all of the other benefits we offer including free Online Banking and 24 hour Telephone banking. As well as competitive rates loans.

**Bank of Denver Switch Kit
Change Direct Deposit Request Form**

Date: _____

This notice serves as a request and authorization to change my direct deposit as designated below.

Depositor's Name

Address

City, State, Zip

My direct deposit (Check One)

Payroll Retirement/Annuity Social Security
is currently going to the following account

Current Bank

Bank Routing Number

Account Number

Please stop making direct deposits to that account and instead make them to my new bank named below.

Bank of Denver

Routing Number 102000924

Account Number

If you have any questions about this request, please contact me at _____.
(Phone number)

X _____
Customer Signature

Name (Please Print)

Address

City

State

Zip

Bank of Denver Switch Kit
Change Automatic Withdrawal Request Form

Date _____

This notice serves as a request and authorization to change my automatic withdrawal as designated below.

Name of company that makes automatic withdrawals

Address

City, State, Zip

You are currently withdrawing \$ _____

For my (select one) Mortgage Auto Payment Life Insurance
 Phone Payment Other

On (Date)

From the following account

Current Bank

Bank Routing Number

Account Number

Please stop making withdrawals from that account and instead make them from my new bank listed below.

Bank of Denver

Routing Number 102000924

Account Number

If you have any questions about this request, please contact me at _____.
(Phone number)

X _____
Customer Signature

Name (Please Print)

Address

City

State

Zip



**BANK OF DENVER
ONLINE APPLICATION FOR DEPOSIT ACCOUNTS**

NOTE: BANK OF DENVER WILL ONLY OPEN ACCOUNTS FOR CUSTOMERS LOCATED WITHIN BANK OF DENVER TRADE AREAS IN COLORADO. If you wish to continue, please print this form and complete the information requested. By submitting the information below, you authorize Bank of Denver to verify previous banking relationships with Chex Systems.

Do you currently have an account with Bank of Denver	Please Mark the Correct Box: <input type="checkbox"/> yes <input type="checkbox"/> no
How did you hear about Bank of Denver?	Please Mark the Correct Box: <input type="checkbox"/> Mail <input type="checkbox"/> Banner <input type="checkbox"/> Sign/Walk-by <input type="checkbox"/> Newspaper <input type="checkbox"/> Customer Referral <input type="checkbox"/> Officer Call <input type="checkbox"/> Other _____

OWNERSHIP (SELECT ONE):

PERSONAL: <input type="checkbox"/> Single Owner (Individual) <input type="checkbox"/> Joint <input type="checkbox"/> Payable on Death	BUSINESS: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Organization/Association
Type of Account: Please mark the appropriate box →.	<input type="checkbox"/> E-Checking Account <input type="checkbox"/> Regular Checking <input type="checkbox"/> Try Us . . . Checking <input type="checkbox"/> Regency Checking Account (Over 55 years) <input type="checkbox"/> NOW Account <input type="checkbox"/> Personal Money Market Account <input type="checkbox"/> Regular Savings Account <input type="checkbox"/> Minor Savings Account <input type="checkbox"/> Individual Retirement Account <input type="checkbox"/> Business Checking <input type="checkbox"/> Business Money Market <input type="checkbox"/> Business NOW <input type="checkbox"/> Business Savings <input type="checkbox"/> Certificate of Deposit

PRIMARY ACCOUNT HOLDER/BUSINESS

First Name:	Last Name:
Social Security Number:	
Business Name: (if you selected a business account)	
Employer Identification Number: (for businesses)	
Current Address:	Mailing Address:
City:	City:
State/Zip:	State/Zip:
Home Phone:	Work Phone:
Cell Phone:	Email Address:
Date of Birth:	Mother's Maiden Name:
Employed by:	Employer Address:

SECONDARY ACCOUNT HOLDER

First Name:	Last Name:
Social Security Number:	
Current Address:	Mailing Address:
City:	City:
State/Zip:	State/Zip:

**BANK OF DENVER
ONLINE APPLICATION FOR DEPOSIT ACCOUNTS**

Home Phone:	Work Phone:
Cell Phone:	Email Address:
Date of Birth:	Mother's Maiden Name:
Employed by:	Employer Address:
PAYABLE ON DEATH BENEFICIARY (If you selected POD Ownership) OR IRA BENEFICIARY	
First Name:	Last Name:
Social Security Number:	Date of Birth:
Current Address:	City/State/Zip:
SIGNERS ON ACCOUNT (If you selected business account)	
SIGNER #1	
First Name:	Last Name:
Social Security Number:	Date of Birth:
SIGNER #2	
First Name:	Last Name:
Social Security Number:	Date of Birth:
SIGNER #3	
First Name:	Last Name:
Social Security Number:	Date of Birth:
SIGNER #4	
First Name:	Last Name:
Social Security Number:	Date of Birth:
COMPLETE ACCOUNT	
<p>(You may complete your paperwork and receive your temporary checks at any of our locations)</p>	<p>Please Mark the Correct Box:</p> <p><input type="checkbox"/> Corporate Office (17th and Clarkson)</p> <p><input type="checkbox"/> Golden Triangle Branch (Colfax and Fox Street)</p> <p><input type="checkbox"/> Leetsdale (Leetsdale and Holly)</p> <p><input type="checkbox"/> Uptown (17th and Clarkson)</p>
<p>You may complete your paperwork and submit it to us in several ways:</p>	<p>Attn: Online Banking Administrator</p> <p>Fax to: 303-623-0624</p> <p>Mail to: P. O. Box 5081 Denver, Co 80217</p> <p>In person.</p>

THANK YOU FOR APPLYING FOR A BANK OF DENVER ACCOUNT. PLEASE CALL US AT 303-572-3600 WITH ANY QUESTIONS