



Bank of Denver Switch Kit

Close Account Request Form

Date: _____

This notice serves as a request and authorization to close my account as designated below.

Name of Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number : _____

Type of Account (check one): Checking Savings

Send a check for the remaining balance to me at the address listed below.

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

X _____
Customer Signature

Name (please print)

X _____
Customer Signature (Joint Signer)

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.

Depositor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____

My Direct Deposit (check one): Payroll Retirement/Annuity Social Security Other
is 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 Direct Deposit 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 withdrawal: _____

Address: _____

City: _____ State: _____ Zip: _____

You are currently withdrawing \$ _____

From my (check 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	
(You may complete your paperwork and receive your temporary checks at any of our locations)	Please Mark the Correct Box: <input type="checkbox"/> Corporate Office (17 th and Clarkson) <input type="checkbox"/> 16 th Street Mall Branch (16 th Street and Tremont) <input type="checkbox"/> Golden Triangle Branch (Colfax and Fox Street) <input type="checkbox"/> Leetsdale (Leetsdale and Holly) <input type="checkbox"/> Uptown (17 th and Clarkson)
You may complete your paperwork and submit it to us in several ways:	Attn: Online Banking Administrator Fax to: 303-623-0624 Mail to: P. O. Box 5081 Denver, Co 80217 In person.

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