

Complete this form to switch your checking account to Intercity State Bank

Checking Account Information

☐ Individual Account		☐ Joint Account
Name of Primary Account Holder	_	Name of Joint Account Holder
E-mail Address	_	E-mail Address
Physical Address	City	State Zip
Mailing Address(If Different)	City	State Zip
Home Phone Number	_	Business Phone Number
Primary Account Holder Information		Joint Account Holder Information
Social Security Number	_	Social Security Number
Date of Birth	-	Date of Birth
Driver's License & Expiration Date	_	Driver's License & Expiration Date
Employer	_	Employer



