

Easy Switch Form

| PRIMARY ACCOUNT HOLDER | | | |
|------------------------|--|---------------------------|--|
| Company | | | |
| Address | | | |
| City, State, Zip | | | |
| Home Phone | | Work Phone | |
| Cell Phone | | Driver's License State | |
| Driver's License # | | DL Issue/Expiration Dates | |
| Employer | | Position/Title | |
| Email Address | | | |

| JOINT ACCOUNT HOLDER (If Applicable) | | | |
|--------------------------------------|--|---------------------------|--|
| Company | | | |
| Address | | | |
| City, State, Zip | | | |
| Home Phone | | Work Phone | |
| Cell Phone | | Driver's License State | |
| Driver's License # | | DL Issue/Expiration Dates | |
| Employer | | Position/Title | |
| Email Address | | | |

All of the information I have given is true and correct. I understand that for my protection, new account applications will be verified by EFunds Chex Systems. If more than one person signs below, I understand that this statement applies to both persons.

Primary Applicant Signature

Joint Account Holder Signature

Date

Date