

Please Close My Account

Previous Bank Name: _____

Address: _____

Customer Name: _____

Previous Account #: _____

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Customer Address: _____

Phone: _____

I hereby authorize and instruct you (the previous bank named herein) to close my depository account and send the total remaining balance to AmericanWest Bank to credit my AWB account as shown below. I have notified all parties authorized to draw against this account to cease doing so.

AWB Account # _____

Signature _____

Joint Owner Signature _____

Date _____

Routing # 1251-0703-7
AmericanWest Bank
110 S. Ferrall
Spokane, WA 99202
Note: Please include new AWB
account number on remittance.



www.awbank.net

Automatic Payment Change Form

Customer Name: _____

Customer Address: _____

Company making automatic transfer: _____

Address: _____

Amount: _____ For: _____

Account/Policy Number: _____

The within named individual(s) has opened a checking account with AmericanWest Bank.

Effective ___/___/___ all payments for the previously mentioned account or policy at your organization should be automatically debited from the account shown below.

AWB Account # _____

Signature _____

Date _____

Customer Contact Phone: _____

Routing # 1251-0703-7

AmericanWest Bank
110 S. Ferrall
Spokane, WA 99202



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Payroll Direct Deposit Change Form

Name: _____

Employer: _____

Social Security Number: _____

Employee Address: _____

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City: _____

State: _____ ZIP: _____

Note: To change your Social Security direct deposit please call:
1-800-772-1213 or 1-800-325-0778 (TTY)

I hereby authorize my employer named herein to deposit my net paycheck or other periodic payment in the checking account listed below. This request is to remain in effect until changed by me in writing. My employer may also debit or credit the account outside of set payroll periods to make adjustments directly related to my payroll and withholdings for benefits.

AWB Account # _____

Signature _____

Date _____

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