



Opportunity Bank
OF MONTANA

SWITCH KIT CHECKLIST

This list is for your records to help you identify of the companies which withdraw or deposit into your account, so that you may notify them of any changes. The list does not represent all of the companies which may or may not interact with your account.

Who Makes Direct Deposits Into Your Account?

Employer's Human Resource Department
The company handling your retirement/pension payments
Social Security

Who Withdraws Automatic Payments From Your Account?

(Automatic withdrawals or authorized charge to credit or debit card.)

Annual Subscription Dues
Association Dues
Auto Insurance
Auto Loan
Cable Company
Cell Phone
Charitable Contributions
Credit Card Payments
Gym Membership
Homeowner's/Renter's Insurance
Internet Service
Investments
Livestreaming Services (eg. Netflix, Amazon Prime)
Mortgage Loan
Student Loans
Telephone Company
Other _____

Opportunity Bank offers **Bill Pay** as an easy way to pay your bills from your home computer! Save on time, postage, and best of all, control of who you pay, instead of giving authorization to a company to withdraw from your account.

Bill Pay is a FREE* service and can be set as a One-Time or Recurring payment. Visit your Online Bank account at www.opportunitybank.com to set up Bill Pay today! *While Bill Pay is a free service, other applicable account or membership fees may still apply.



Opportunity Bank OF MONTANA

SWITCH KIT ACCOUNT CLOSE

My Name _____ Phone _____

Mailing Address _____ Email _____

City _____ State _____ Country _____ Zip Code _____

PLEASE CLOSE MY ACCOUNT AT:

Financial Institution _____ Financial Institution Routing Number _____

Address _____

City _____ State _____ Country _____ Zip Code _____

Account Number _____ Checking _____ Savings _____ Money Market _____ other _____

Account Number _____ Checking _____ Savings _____ Money Market _____ other _____

Account Number _____ Checking _____ Savings _____ Money Market _____ other _____

Account Number _____ Checking _____ Savings _____ Money Market _____ other _____

PLEASE SEND ANY FUNDS REMAINING IN THESE ACCOUNTS ON THIS DATE : _____

Mail the remaining balance of my account to the address shown above.

Mail the remaining balance of my account to be deposited at Opportunity Bank of Montana.

ATTN: _____

Opportunity Bank of Montana

P.O. Box 4999

Helena, MT 59604

Opportunity Bank Account Number _____ Checking _____ Savings _____

Opportunity Bank of Montana Routing Number **292070806**

Primary Account Holder Signature _____ Date _____

Secondary Account Holder Signature _____ Date _____

Please make sure to maintain enough of a balance in your old account to cover all outstanding deposits and withdrawals. Opportunity Bank of Montana is not responsible for charges incurred for insufficient funds. Work with an Opportunity Bank Personal Banker to determine when to send this document to your previous financial institution.





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OF MONTANA

SWITCH KIT
AUTOMATIC PAYMENTS
DIRECT DEPOSITS

My Name _____ Phone _____

Mailing Address _____ Email _____

City _____ State _____ Country _____ Zip Code _____

Employer (For Direct Deposit Account Change) _____

PLEASE CHANGE MY AUTOMATIC PAYMENT(S) TO:

Opportunity Bank of Montana
P.O. Box 4999
Helena, MT 59604

Opportunity Bank Account Number _____

Opportunity Bank of Montana Routing Number **292070806**

Company Name _____ Company Address _____

City _____ State _____ Zip _____ Company Account Number _____

Payment should come from: Checking Account _____ Savings Account _____

Company Name _____ Company Address _____

City _____ State _____ Zip _____ Company Account Number _____

Payment should come from: Checking Account _____ Savings Account _____

I authorize these charge(s) to go into effect on this date: _____ Signature _____

PLEASE CHANGE MY DIRECT DEPOSIT TO: (Select either checking or savings.)

Opportunity Bank of Montana Routing Number **292070806**
P.O. Box 4999
Helena, MT 59604

____ Checking Account Number _____

____ Savings Account Number _____

Previous Financial Institution Information	
Name of Institution _____	
City _____	
State _____	Zip _____
Account# _____	Routing# _____
Phone# _____	

I authorize Opportunity Bank to change my direct deposit on this date _____

It is understood that a photocopy of this form will serve as authorization.

Signature _____ Date _____