



# READY TO SWITCH? KCNB MAKES IT EASY.

We understand how frustrating it can be to change where you bank. That's why we've developed this packet to help you check all your boxes and make the process easier.

Using these pages, you can begin the process of closing your account at your current bank and opening your first account with us.

To help ensure a hassle-free transition, our team is here and ready to help guide you and answer any questions you may have.

## Benefits of Banking with KCNB

- Online & mobile banking
- Automatic bill payments
- Mobile check deposits
- e-Statements
- 24-hour ATMs
- And more!



## 4 Steps to KCNB

### 1 Open Your New KCNB Account

- Driver's License or Government ID     Social Security Card
- Proof of Mailing Address
- KCNB New Accounts - Personal Application filled.
- Activate your debit card. *Call 1-800-992-3808 to activate.*
- Take note of your account number and where to find it.

❗ *KCNB's Routing Number is: 114911234*

### 3 Update Direct Deposits

*If needed, use the enclosed Direct Deposit Letter for each of your direct deposits.*

- Employer     Social Security 800-333-1795     VA Benefits 800-698-2411
- Retirement     Interest Income     Dividends
- Investment Income

Must have an open account at Karnes County National Bank to enroll in KCNB Online Banking. Internet connection required for KCNB Online Banking & KCNB Mobile. Standard data rates may apply. We do not own or have any affiliation with PayPal or Cash App. PayPal is a registered trademark of PayPal Holdings, Inc. Cash App is a registered trademark of Block, Inc.

### 2 Update Billing Information

- Rent / Home     Phone     Medical
- Electric     Insurance(s)     Cable
- Gas     Loans     PayPal®
- Water     Internet     Cash App®
- Other subscriptions/services:

### 4 Close Your Old Account

- Verify that all billing for services have been updated.
- Verify that there are no pending transactions or outstanding checks.
- Formally request your account to be closed by visiting a branch, calling one of their locations, or through their online banking (if available.) We have provided a letter for you if you need one.
- Destroy any debit cards and checks associated with your old account.



# KCNB NEW ACCOUNTS

## PERSONAL APPLICATION pg 1 of 2

Member  
**FDIC**



**BE ADVISED:**

Federal regulation requires that Karnes County National Bank has on file verification of customer's identification. Please provide current driver's license or other photo identification and social security card for each signer.

**ACCOUNT OWNER INFORMATION** *If more than one, be sure to select the appropriate check-boxes and information on page 2.*

Name of Applicant (Full Legal Name)		Age	Date of Birth (MM/DD/YYYY)	Social Security Number	
Mailing Address	City	State	Zip	How Long?	
Physical Address <input type="checkbox"/> Same As Mailing	City	State	Zip	How Long?	
Previous Address (if current is less than 2 years)	City	State	Zip	How Long?	
Primary Contact Number		Secondary Contact Number			
Email Address					
Driver's License/State ID Number		Issuing State	Expiration Date		
Current Employer	Job Title	Length of Employment	Employer Phone Number		

<b>ACCOUNT OWNERSHIP TYPE</b>		<b>AUTHORIZED SIGNERS &amp; PAY ON DEATH BENEFICIARIES:</b>	
<input type="checkbox"/> Sole Ownership	<input type="checkbox"/> Joint Ownership	<input type="checkbox"/> Check this box if you would like to specify an Authorized Signer(s) and/or POD Beneficiary(s). Then be sure to also fill out the appropriate section on page 2.	

If more than one person needs to be listed on the account, the **JOINT OWNERS, AUTHORIZED SIGNERS, AND BENEFICIARIES** section on page 2 must also be filled out.

**SELECT AN ACCOUNT TYPE BELOW:**

TYPE OF ACCOUNT	MINIMUM DEPOSIT TO OPEN	TYPE OF ACCOUNT	MINIMUM DEPOSIT TO OPEN
<input type="checkbox"/> Regular Checking Account	\$200.00	<input type="checkbox"/> NOW Account	\$1,000.00
<input type="checkbox"/> Super NOW Account	\$1,500.00	<input type="checkbox"/> Money Market Deposit Account	\$1,500.00
<input type="checkbox"/> Savings Account	\$100.00	<input type="checkbox"/> Individual Retirement Account 18 Month - Variable rate CD <i>(Rate subject to change at anytime during the term)</i>	\$1,000.00
TYPE OF ACCOUNT	MINIMUM DEPOSIT TO OPEN	TERM	
<input type="checkbox"/> Certificate of Deposit - Regular	\$1,000.00	<input type="checkbox"/> 1 Month	<input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 1+ Year
<input type="checkbox"/> Certificate of Deposit - Jumbo	\$30,000.00	<input type="checkbox"/> 1 Month	<input type="checkbox"/> 3 Months
<input type="checkbox"/> Certificate of Deposit - Jumbo	\$100,000.00	<input type="checkbox"/> 6 Months	<input type="checkbox"/> 1+ Year
<input type="checkbox"/> Other:			

Please specify the amount of your opening deposit:	Existing KCNB customers can use proceeds from an existing KCNB eligible account as an opening deposit. You can list that account number here:
--	---

**SELECT THE OPTIONS YOU WOULD LIKE APPLIED. SOME OPTIONS MAY NOT APPLY TO CERTAIN ACCOUNTS. SPEAK WITH A REPRESENTATIVE FOR DETAILS.**

<input type="checkbox"/> Order Checks	<input type="checkbox"/> Receiving/Sending Wires	<input type="checkbox"/> Enroll in KCNB Online Banking
<input type="checkbox"/> Order Debit Card(s) <i>(May only carry 1 card per owner on the account)</i>	<input type="checkbox"/> International Wires	<input type="checkbox"/> Enroll in Mobile Deposit <i>(Requires Online Banking)</i>

I certify the above information is correct to the best of my knowledge. I understand that KCNB will retain this application whether or not it is approved.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

Karnes County National Bank, 301 E Calvert, Karnes City, Texas 78118  
You may submit this application to any KCNB location. If you have any questions, please call (830) 780-3317.

Internal Use Only	DATE RCD:
<input type="checkbox"/> TX DL/State ID <input type="checkbox"/> SS Card/W9 <input type="checkbox"/> OFAC <input type="checkbox"/> TELECHECK	REPRESENTATIVE:

# KCNB NEW ACCOUNTS - PERSONAL APPLICATION pg 2 of 2

## JOINT OWNERS, AUTHORIZED SIGNERS & BENEFICIARIES

ADDITIONAL APPLICANT INFORMATION				
Specify one of the following: <input type="checkbox"/> Joint Owner <input type="checkbox"/> Authorized Signer Only <input type="checkbox"/> Pay on Death Beneficiary				
Name of Applicant (Full Legal Name)		Age	Date of Birth (MM/DD/YYYY)	Social Security Number
Mailing Address	City	State	Zip	How Long?
Physical Address <input type="checkbox"/> Same As Mailing	City	State	Zip	How Long?
Previous Address (if current is less than 2 years)	City	State	Zip	How Long?
Primary Contact Number		Secondary Contact Number		
Email Address				
Driver's License/State ID Number		Issuing State	Expiration Date	
Current Employer	Job Title	Length of Employment	Employer Phone Number	

I certify the above information is correct to the best of my knowledge. I understand that KCNB will retain this application whether or not it is approved.

\_\_\_\_\_  
Applicant's Signature (Required only for Joint Owners)

\_\_\_\_\_  
Date

ADDITIONAL APPLICANT INFORMATION				
Specify one of the following: <input type="checkbox"/> Joint Owner <input type="checkbox"/> Authorized Signer Only <input type="checkbox"/> Pay on Death Beneficiary				
Name of Applicant (Full Legal Name)		Age	Date of Birth (MM/DD/YYYY)	Social Security Number
Mailing Address	City	State	Zip	How Long?
Physical Address <input type="checkbox"/> Same As Mailing	City	State	Zip	How Long?
Previous Address (if current is less than 2 years)	City	State	Zip	How Long?
Primary Contact Number		Secondary Contact Number		
Email Address				
Driver's License/State ID Number		Issuing State	Expiration Date	
Current Employer	Job Title	Length of Employment	Employer Phone Number	

I certify the above information is correct to the best of my knowledge. I understand that KCNB will retain this application whether or not it is approved.

\_\_\_\_\_  
Applicant's Signature (Required only for Joint Owners)

\_\_\_\_\_  
Date

Internal Use Only	ADDITIONAL APPLICANT 1	ADDITIONAL APPLICANT 2
	<input type="checkbox"/> TX DL/State ID <input type="checkbox"/> SS Card/W9 <input type="checkbox"/> OFAC <input type="checkbox"/> TeleCheck	<input type="checkbox"/> TX DL/State ID <input type="checkbox"/> SS Card/W9 <input type="checkbox"/> OFAC <input type="checkbox"/> TeleCheck



From the offices of

# KARNES COUNTY NATIONAL BANK

Karnes City, TX • Kenedy, TX • Beeville, TX

Member  
**FDIC**



To Whom it May Concern:

Account type:

Bank routing number: 114911234

Account number:

## Authorization

Authorization is given to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to the account indicated above and to other accounts identified in the future. This authorizes the financial institution holding the Account to post all such entries. It is agreed that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from account owner and has a reasonable opportunity to act on it.

## Bank Representative:

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**If you need additional bank information please contact The Karnes County National Bank Bookkeeping Department.**

PO Box 98  
301 E Calvert Ave  
Karnes City, Texas 78118

PO Box 300  
100A Business Park Dr  
Kenedy, TX 78119

PO Box 1090  
Beeville, TX 78104  
1708 Wofford Lane  
Beeville, TX 78102

# Account Closing Notice

This notice serves to inform \_\_\_\_\_  
*Financial Institution Name*

that I, \_\_\_\_\_, will be closing my account.  
*Account Holder Name*

**My account number being closed is:** \_\_\_\_\_

This is a:  Checking Account  Savings Account  CD  Money Market  
 Other \_\_\_\_\_

I request that any remaining balance in my account, plus any accrued interest, be disbursed to me via a check, mailed to the address listed below.

**Please make the check payable to and send to:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there are any questions regarding the closing of this account, you can call me at the following number: \_\_\_\_\_

## Account Holder Authorization

By signing below, I understand that this action will terminate all services associated with this account.

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Account Holder Signature

\_\_\_\_\_  
Date







# ONLINE BANKING WITH KCNB

## BENEFITS

- Secure Money Management
- Real-time Account Updates
- View Statements
- Pay Bills
- External Transfers
- Send Money With Zelle®



## ENROLLMENT

YOU WILL NEED TO HAVE YOUR ACCOUNT INFORMATION AVAILABLE IN ORDER TO ENROLL.

1. Go to [kcnb.com/online-banking](https://kcnb.com/online-banking)
2. Click the "Enroll here" link and continue to our secure online banking platform
3. Complete the form regarding your account information and follow the prompts



## KCNB MOBILE™

Once enrolled, you can download and use our mobile banking app for on-the-go access to all online banking features. Plus, you'll gain access to more features like Card Management, Instant Balance, Biometric Sign On and more! Scan the QR code to the right and select your platform!



Must have an open account at Karnes County National Bank to enroll in KCNB Online Banking. Internet connection required for both KCNB Online Banking and KCNB Mobile. Standard data rates apply. Must have a bank account in the U.S. to send and receive money with Zelle®. Zelle® is subject to additional terms and conditions. Usage of smartphone biometric features may be subject to a third-party privacy policy by your phone manufacturer. Karnes County National Bank is not responsible for the content of these policies. Apple, the Apple Logo, and App Store are registered trademarks of Apple Inc. Google and Google Play are trademarks of Google LLC. Zelle and the Zelle related marks are wholly owned by Early Warning Services, LLC and are used herein under license.