



# Northwest Bank Account Application

## Personal Account Selection

- Northwest Basic Checking
- Northwest Select Checking
- Northwest Premier Checking
  
- Northwest Personal Savings
- Northwest Money Market
  
- Buck Builder Savings Certificate

Term \_\_\_\_\_

- Certificate of Deposit

Term \_\_\_\_\_

## Business Account Selection

- Northwest Business Checking
- Northwest Business Checking Plus
- Northwest NPO Checking
- Northwest Premier Business Checking (Analysis)
  
- Northwest Business Savings
- Northwest Business Money Market

Business Name \_\_\_\_\_

Tax ID Number \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

\*\*\*\*\*

## Name 1

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Business \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

City born in \_\_\_\_\_ Mothers Maiden Name \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State issued by \_\_\_\_\_

Drivers License Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### \*\* For Personal Applications ONLY \*\*

Last 4 digits ONLY for  Visa \_\_\_\_\_  Master Card \_\_\_\_\_

### \*\* For Business Applications ONLY\*\*

Your title in this business \_\_\_\_\_



# Northwest Bank Account Application

## Name 2

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Business \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

City born in \_\_\_\_\_ Mothers Maiden Name \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State issued by \_\_\_\_\_

Drivers License Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\* For Personal Applications ONLY\*\***

Last 4 digits ONLY for  Visa \_\_\_\_\_  Master Card \_\_\_\_\_

**\*\* For Business Applications ONLY\*\***

Your title in this business \_\_\_\_\_

## Name 3

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Business \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

City born in \_\_\_\_\_ Mothers Maiden Name \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State issued by \_\_\_\_\_

Drivers License Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\* For Personal Applications ONLY\*\***

Last 4 digits ONLY for  Visa \_\_\_\_\_  Master Card \_\_\_\_\_

**\*\* For Business Applications ONLY\*\***

Your title in this business \_\_\_\_\_



# Northwest Bank Business Account Application

## Business Account Selection

- Northwest Business Checking
- Northwest Business Checking Plus
- Northwest NPO Checking
- Northwest Premier Business Checking (Analysis)
  
- Northwest Business Savings
- Northwest Business Money Market

Business Name \_\_\_\_\_

Tax ID Number \_\_\_\_\_

Physical Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Mailing Address (if different than physical address):

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

## Signer Name #1

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Title \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

## Signer Name #2

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Title \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Signer Name #3**

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Title \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**Signer Name #4**

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Title \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**Signer Name #5**

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Title \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Northwest Bank**

## **DIRECT DEPOSIT CHANGE REQUEST FORM**

**DATE:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

To whom it may concern:

This letter serves as a request to have my direct deposit transferred to my account with Northwest Bank. My information is as follows:

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

Please redirect my automated deposit to my new account at Northwest Bank as follows:

**NORTHWEST BANK ACCOUNT NUMBER:** \_\_\_\_\_

**NORTHWEST BANK ROUTING/TRANSIT NUMBER: 123206956**

**NORTHWEST BANK  
4900 MEADOWS RD, SUITE 410  
LAKE OSWEGO, OR 97035  
(503) 906-3939**

**SINCERELY,**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**



**Northwest Bank**

**AUTOMATIC PAYMENT/WITHDRAWAL CHANGE REQUEST**

**DATE:** \_\_\_\_\_

**COMPANY\*:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

*\*Name of Company/Organization/Institution for which this change is being requested*

To whom it may concern:

This letter serves as a request to have my Automatic Payment/Withdrawal transferred to my account with Northwest Bank. My information is as follows:

**MY IDENTIFICATION NUMBER, MEMBER NUMBER OR ACCOUNT NUMBER AT THE COMPANY/ORGANIZATION/INSTITUTION WITH WHOM THIS CHANGE IS BEING REQUESTED:**

\_\_\_\_\_

Please redirect my automated payment/withdrawal to my new account at Northwest Bank as follows:

**NORTHWEST BANK ACCOUNT NUMBER:** \_\_\_\_\_

**NORTHWEST BANK ROUTING/TRANSIT NUMBER: 123206956**

**NORTHWEST BANK  
4900 MEADOWS RD, SUITE 410  
LAKE OSWEGO, OR 97035  
(503) 906-3939**

**SINCERELY,**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**



**Northwest Bank**

## **UTILITY COMPANY CONTACT INFORMATION**

**NW NATURAL**  
**(503) 226-4211**  
**P.O. BOX 8905**  
**PORTLAND, OR 97255-0001**  
[www.nwnatural.com](http://www.nwnatural.com)

**PGE**  
**(503) 228-6322**  
**P.O. BOX 4404**  
**PORTLAND, OR 97208**  
[www.portlandgeneral.com](http://www.portlandgeneral.com)

**QWEST**  
**1-800-223-3131**  
**P.O. BOX 91073**  
**SEATTLE, WA 98111-9173**  
[www.qwest.com](http://www.qwest.com)

**COMCAST**  
**1-888-824-8264**  
**P.O. BOX 34696**  
**SEATTLE, WA 98124-1696**  
[www.comcast.com](http://www.comcast.com)

**PORTLAND WATER BUREAU**  
**(503) 823-7770**  
**P.O. BOX 4216**  
**PORTLAND, OR 97208-4216**  
[www.portlandonline/water/](http://www.portlandonline/water/)



**Northwest Bank**

## **CHECK ORDER FORM**

**CHECKS TO READ:**

**Name Line 1:** \_\_\_\_\_

**Name Line 2:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Starting Check Number:** \_\_\_\_\_

**CHECK STYLE**

- Single Style Checks**
- Duplicate Style Checks**

**COLOR CHOICE:**

- Green**
- Blue**
- Maroon**
- Yellow**







### BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.


### PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

### INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C)** Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F)** Type of payment is printed to the left of the amount.

<b>United States Treasury</b>		15-51 000	Check No. 0000 415785
	Month Day Year 08 31 84	AUSTIN, TEXAS	
	00	28 28	
Pay to the order of			DOLLARS CTS \$****100 00
			<b>NOT NEGOTIABLE</b>
:00000518: 041571926*			

### SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

### CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

### CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

### FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

# ACCOUNT CLOSURE REQUEST FORM

DATE: \_\_\_\_\_

FINANCIAL INSTITUTION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

To whom it may concern:

This letter serves as a request to close my account(s). Please send me a check for any remaining balance to the address below:

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

THE ACCOUNT NUMBER(S) I WOULD LIKE TO CLOSE ARE AS FOLLOWS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SINCERELY,

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE