

Making the Switch to A Bright Partnership

What do you want most in a bank? Access to your money? Convenience? Great rates? Financial guidance? Borrowing power? Those only happen through a great banking partnership. At BankORION, we create bright partnerships that add value, make lives better and last a lifetime. We like doing partner-driven things... like working together to find solutions, anticipating needs, respecting others, listening well, noticing the details, exceeding expectations, and responding with compassion.

Partnership has its perks. Our mission is to provide a bright partnership that enhances the financial well-being of our customers, employees, shareholders, and the communities we serve by offering flexibility, reliability, compassion, and commitment.

There is purpose in partnership. A bright partnership brings people together, driven by a mission to do what is right and make lives better. What inspires you is what motivates us too – serving others, working hard, getting it done, exceeding expectations, strengthening relationships, bettering our communities, and doing what is right every day. An attentive partner really knows you, listens to you, respects you, and trusts you. A smart partner thinks ahead and looks out for you. They stand by your side to help you succeed. Trustworthy partners are along for the ups and downs, in it together. We are that bright partner – for you, your family, your business, and your community.

4 Steps to Switch to A Bright Partnership

STEP 1

Open your new account.

See page 3 for your Partner Guide. It's a list of available BankORION accounts, services, products, and referrals. You can open your account online or fill out the form on pages 4-5 and visit one of our locations.

STEP 2

Switch your Direct Deposits.

If you have any Direct Deposits, use page 6 to get organized and page 7 to switch them to be deposited to your new BankORION account.

STEP 3

Switch your Automatic Withdrawals/Payments.

If you have any Automatic Withdrawals/Payments, use page 6 to get organized and page 8 to switch them to be withdrawn from your new BankORION account. Remember – these also include payments automatically paid with your old debit card.

STEP 4

Close your old account.

When all pending withdrawals/payments have cleared your old account, and you've completed Steps 2 and 3, you're ready to officially switch to **A Bright Partnership!** Use page 9 to inform your previous bank that you wish to close your account.

Open your new account.

Below is your Partner Guide. It's a list of available BankORION accounts, services, products, and referrals.

You can open most accounts online! Or you may fill out the New Account Application Form on pages 4-5 and bring it in to any one of our branches (see page 10) to visit with a Retail Banker who can assist you in choosing the right account to fit your needs.

ACCOUNTS	SERVICES	PRODUCTS	REFERRALS
☐ Checking Accounts	☐ Payment Options	☐ Mobile Banking	☐ InvestORION
Rewards Checking	○ Checks	My Spending	☐ Lending
Regular Checking	○ Credit Card	Add / Manage Outside Accounts	O Auto Loan
O NOW Checking	O Debit Card	Open an Account	O Home Loan
○ Super NOW Checking*	O Instant Issue	Order Checks	Personal Loan
→ Student Checking*	O Mobile Wallet		
		☐ Mobile Deposit	
☐ Savings Accounts	☐ Automatic Transfers	☐ Online Bill Pay	_
○ Individual Retirement Account*	☐ Direct Deposit		_
→ Health Savings Account*	□ eStatements	☐ Move Money	
O Money Market Account	☐ Golden Performance Club	→ Transfer Money	_
→ Statement Savings		○ Send Money with Zelle®	
			_
	1		

*Opening an account online is not available for this account. Please contact one of our Retail Bankers to assist you.

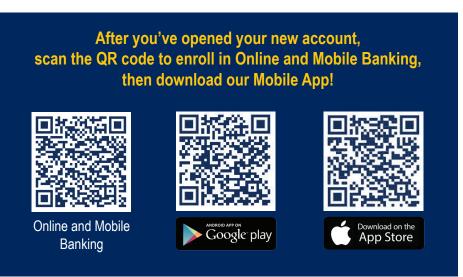
☐ Certificates of Deposit

Certificate of Deposit

Sprout Savers*

☐ Additional Accounts

○ Safe Deposit Box



STEP 1

Open your new account (continued).



Scan the QR Code to open your new account online, or fill out this New Account Application Form and bring it to any of our locations (see page 10).

New Account Appl	ication Form - page 1 of 2
1. Account Type: (choose one per form)	2. Referral: If applicable, please list the name of the person who referred you (including employees):
☐ Checking Accounts	3. Customer Information:
○ Rewards Checking	Previous/Current Bank
○ Regular Checking	Legal Name Occupation/Employer
○ NOW Checking	Legal Name Occupation/Employer
○ Super NOW Checking*	Street Address City, State, Zip
○ Student Checking*	
	Mailing Address (if different than above) Mailing Address City, State, Zip
☐ Savings Accounts	
○ Individual Retirement Account*	Home Phone Cell Phone Work Phone
○ Health Savings Account*	
O Money Market Account	Email Social Security Number Date of Birth Are you a US Citizen? Yes No If no, what country
○ Statement Savings	are you a citizen of?
	If you are not a US Citizen, what is your residency status? ☐ Permanent Resident Alien ☐ Nonresident Alien ☐ Other:
☐ Certificates of Deposit	Identification Type:
O Certificate of Deposit	□ Driver's License □ State ID Card □ Passport □ Other:
○ Sprout Savers*	
	Identification Number State of Issuance Date of Issuance Date of Expiration
☐ Additional Accounts	
○ Safe Deposit Box	Name of Nearest Relative Phone Number
*Opening an account online is not available for this account. Please contact one of our Retail Bankers to assist you.	Street Address City, State, Zip Are you involved in growing, processing, or selling any of the below (if no, leave blank): Medicinal Marijuana Recreational Marijuana Industrial Hemp CBD



STEP 1 Open your new account (continued).

New Account Application Form - page 2 of 2	
4. Anticipated Account Activity:	
What is the average balance normally maintained per month? \$	
How many transactions are anticipated per month? □ 0–50 □ 51–100 □	1 100+
What is the anticipated average monthly amount of cash deposits? \$0-\$1,500	□ \$1,501–\$3,000 □ \$3,000 +
What is the anticipated average monthly amount of cash withdrawals? \$0-\$1,500	□ \$1,501–\$3,000 □ \$3,000 +
Will there be automatic deposits? ☐ Yes ☐ No	
If Yes: O Payroll O Government Benefits O Other:	
Will there be automatic withdrawals? ☐ Yes ☐ No	
If Yes: O Utilities O Loans O Other:	
Will there be wire transfers? ☐ Yes ☐ No	
If Yes: O Domestic O International (list expected countries):	
5. Customer Signature:	
By signing below, I authorize BankORION to verify the information provided above and to re	equest a credit report if necessary.
Signature:	Date:
FOR INTERNAL USE ONLY	
Account Number(s):	☐ Parameters:
New Account Personnel:	Date Opened:

GET ORGANIZED

Prepare for Steps 2 and 3

Use this page to organize your Direct Deposits and Automatic Withdrawals/Payments and keep track of which ones you've switched to your new BankORION account.

DEPOSITS	COMPANY NAME	ACCOUNT NUMBER	AMOUNT	DONE 🗸
PAYROLL				
PAYROLL				
PENSION				
SOCIAL SECURITY				
INVESTMENTS				

AUTOMATIC WITHDRAWALS	COMPANY NAME	ACCOUNT NUMBER	AMOUNT	DONE 🗸
MORTGAGE/RENT				
CAR				
CAR				
INSURANCE				
INSURANCE				
ELECTRICITY				
GAS				
WATER				
CABLE				
STREAMING SERVICES				
INTERNET				
TELEPHONE				
CELL PHONE				
CREDIT CARD				



Switch your Direct Deposits

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your BankORION account. Use one form for each direct deposit.

Notification of Ch	ange to Direc	t Deposit Auth	norization	
Company or Employer:				
Street Address:				
City, State, Zip:				
Phone Number:				
ID or Account Number:				
I authorize (name of age to direct deposit funds i	ncy): Into the account list of the account li	ted below. This autil this authorization	thorization shall remain i	n effect until I
0:				Data
Signature:				Date:
Name:				
Street Address:				
City, State, Zip:				
Phone Number:				



Switch your Automatic Withdrawals/Payments

Use this form to authorize any automatic payment, deductions, or withdrawals be changed from your old account to your new BankORION account. Use one form for each automatic withdrawal/payment. Many companies make it easy to change your automatic payments online, so you may wish to check their websites first.

Notification of C	hange to Automatic Witl	ndrawals/Payments		
Name of Company:	mange to Automatic With	idiawaish aymena	•	
Account Number:				
Payment Amount:				
Street Address:				
City, State, Zip:				
Phone Number:				
Please remove my aut	omatic withdrawals from the follo	owing account:		
Financial Institution:	onacie witherawais from the folia	owing account.		
D 1 D 11 11				
Bank Routing #		Account #		
Please make all <u>future</u>	automatic withdrawals from the	following account:		
Financial Institution:	BankORION			
Routing #	071110042	Account #		
Signature:			Date:	
Name:				
Street Address:				
City, State, Zip:				
Phone Number:				



Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

No	tification	OI A													
To W	/hom It May	Conce	ern:												
F	Financial Instit	ution:													
	Street Add	dress:													
	City, State	e, Zip:													
Pleas	se close my	accou	ınt:												
	Primary O	wner:													
	Account Nur	mber:													
	Street Add	dress:													
	City, State	e, Zip:													
Pleas	se send the r		ning ba	lance t	to: (place	an X	X next	to you	ur des	sired	optio	on)			
Pleas	Please dep	remair	lirectly	to my	new acco						optio	on)	Ob a alvin a		
_		remair		to my							optio	on)	Checking	☐ Sá	avings
_	Please dep	remair posit d	lirectly	to my	new acco	ount	at Bai	nkOR	RION:		optio	on)	Checking	☐ Sa	avings
0	Please dep	oosit d	lirectly	to my	new acco	ount	at Bai	nkOR	RION:		optic	on)	Checking Date:	☐ Sa	avings
0	Please dep Routing # Please forw	oosit d 0711 ward n	lirectly	to my	new acco	ount	at Bai	nkOR	RION:		optic	on)		☐ Sa	avings
0	Please dep Routing # Please forv Primary Signa Joint Signa	oosit d 0711 ward n	lirectly	to my	new acco	ount	at Bai	nkOR	RION:		optic	on)		☐ Sa	avings
<u> </u>	Please dep Routing # Please forv Primary Signa Joint Signa	oosit d 0711 ward n ature:	lirectly	to my	new acco	ount	at Bai	nkOR	RION:		optic	on)		□ Sa	avings
0	Please dep Routing # Please foru Primary Signa Joint Signa	oosit d 0711 ward n ature: lature:	lirectly	to my	new acco	ount	at Bai	nkOR	RION:		optic	on)		☐ Sa	avings

Congratulations! You've successfully made the switch to **A Bright Partnership!**

Partnership has its perks. Our mission is to provide a bright partnership that enhances the financial well-being of our customers, employees, shareholders, and the communities we serve by offering flexibility, reliability, compassion, and commitment.

LOCATIONS

(All of our locations have an ATM.)

ORION

1114 - 4th St. 309.526.8011

CAMBRIDGE

112 S. West St. 309.937.3341

ALEDO

201 W. Main St. 309.582.5171

MOLINE

3701 - 69th Ave. (Route 6) 309.799.8161

MOLINE

5301 - 44th Ave. Dr. (John Deere Rd.) 309.764.8811

ANNAWAN

302 W. Front St. 309.935.6234

BETTENDORF

1855 Middle Rd. 563.345.6011

HOURS

ORION | CAMBRIDGE | MOLINE:

Lobby

Monday - Friday | 9:00 a.m. - 4:00 p.m. Saturday | 9:00 a.m. - 12:00 noon

Drive-Up

Monday - Friday | 8:00 a.m. - 5:30 p.m. Saturday | 8:00 a.m. - 12:00 noon

ALEDO | ANNAWAN | BETTENDORF:

Lobby

Monday - Friday | 9:00 a.m. - 4:00 p.m. Saturday | 9:00 a.m. - 12:00 noon

Drive-Up

Monday - Thursday | 8:00 a.m. - 5:00 p.m. Friday | 8:00 a.m. - 5:30 p.m. Saturday | 8:00 a.m. - 12:00 noon

OPERATIONS CENTER

4700 Kennedy Drive East Moline, IL 61244 309.916.8100 HOURS: By Appointment Only