## → **STEP 2**:

#### Notice of Automatic Withdrawal Change

Send this form to all companies with whom you have automatic withdrawals. Make copies as needed.

	*
Company Name:	
Address:	
City:	
State:	
To Whom It May Concern	n:
I have recently changed my	primary financial
institution to Farmers and Merchants National Bank	

You are currently withdrawing \$\_\_\_\_\_\_ from my checking/savings (circle) account # (fill in next line) \_\_\_\_\_\_ from my current financial institution (name)

with routing #\_\_\_\_\_.

The payment is for billing account # (fill in next line)

and is withdrawn on (date)\_\_\_\_\_.

Please begin withdrawing this payment from my account with Farmers and Merchants National Bank

Routing #:\_\_\_\_\_\_New Checking/Savings (circle)
Account #:\_\_\_\_\_

#### This change is effective immediately.

If you have any additional questions, please contact me:

Name: \_\_\_\_\_\_\_Social Security or Employee ID: \_\_\_\_\_\_

Address:

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_\_
Work Phone:

E-mail:\_\_\_\_\_

Signature: \_\_\_\_\_



#### **Authorization to Close Account**

Send this to the financial institution where you will be closing your account.

#### To Whom It May Concern:

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

Financial Institution Name:

State: Zip: Zip: \_\_\_\_\_

#### Please close my account:

Account #:\_\_\_\_\_\_
Primary Owner:\_\_\_\_\_

Address:

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_\_ Please send the remaining balance to (check one):

My New Farmers and Merchants National Bank Account
Routing #:\_\_\_\_\_

Account #:

#### My Address Listed Above

Signature (Primary Owner):

Date:

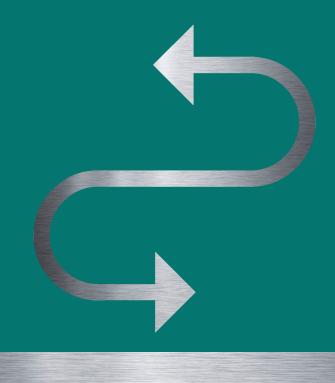
Signature (Joint Owner):\_\_\_\_\_

Farmers & Merchants National Bank

Nashville • DuBois • Hoyleton • Ashley • Lebanon • Mascoutah • O'Fallon
bankwithfmb.com







## **SWITCH KIT**

Switching banks is easier than you think.



Joining us is easy...

At Farmers and Merchants National Bank, our devoted staff is eager to go above and beyond to maintain a trustworthy and straightforward relationship with our customers. Now switching all of your accounts to Farmers and Merchants National Bank has never been easier.

This switch kit includes all of the information you need to switch your accounts to our bank. The attached forms take just minutes to complete and include everything required to notify your employer and others that you have switched your accounts to Farmers and Merchants National Bank.

Just complete the forms, make copies for everyone you need to notify, and then mail them out. It's that easy! And if you need further help or have any questions, just give us a call or stop in to see us and we'll walk you through it.

We promise that you've never seen local banking like this before. At Farmers and Merchants National Bank, we are dedicated to serving our community because we live and work here – just like you.

Dan May President & CEO



# CLOSING YOUR OLD ACCOUNT

Before you close your old account, make sure to leave enough money to cover any outstanding checks and automatic withdrawals.

Once all of these outstanding charges have been paid, ask your previous bank or credit union to send your remaining balance(s) to you or directly to your new account with us. Then, destroy all of your old checks, ATM cards, debit cards and deposit slips.

To make switching even easier for you, here's your new Farmers and Merchants National Bank Account Number and Routing Number:

Farmers and Merchants National Bank Account #:

Farmers and Merchants National Bank Routing #:

You can find your previous account number at the bottom of one of your old checks. Bank routing numbers are the first nine digits of the series, followed by the account number and individual check number.

### → **STEP 1**:

Authorization to Change Direct Deposit Send this form to your employer.
Company Name:
Address:
City:
State: Zip:
Attention Direct Deposit Department:
Please direct all future payroll direct deposits to the following accounts:
Farmers and Merchants National Bank Routing #:
Net paycheck to (choose one):
Checking Account #:
Savings Account #:
Start Date (mo/day/year):
If you have any additional questions, please contact me Name:
Social Security or Employee ID:
Address:
City:
State: Zip:
Home Phone:
Work Phone:
E-mail:
Signature: