



FMB

Switch to Farmers & Merchants Bank! It's Quick and Easy...

Thank you for choosing FMB, we look forward to building a relationship with you. Our Switch Kit will help you transfer any existing direct deposits or automatic payments with this ready to fill in kit. Just follow these easy steps!

1

Open your new FMB account

Complete our **New Account Information Form**, so we'll have what we need to open your account(s). Then stop by to select your check style, present identification, and sign a signature card, so we can open your account.

Get organized

Use our handy kit to organize the transactions that will be switched to your new FMB account.

Transfer your direct deposit

Send a Direct Deposit Request Form to your employer and other sources, so your funds can be automatically deposited to your account. If you have have Direct Deposits going elsewhere, you can also use this form to switch them to your new account.

Move your automatic payments

Complete the "Get Organized" page and request switching to FMB from creditors (utility payments, loan payments, health club memberships, etc.). We will be happy to assist with this process.

5

Close your old account

Use our Account Closing Letter to notify your other bank to close your account and give directions for the disbursement to any remaining funds. Make sure all of your checks and debits have cleared BEFORE you close your old account.

NEW ACCOUNT INFORMATION

The purpose of this questionnaire is for us to gather some information, so you can begin the application process. All applications are subject to approval. Please note that Primary and Joint account holders need to sign an official account form in person at one of our branches before the account can be opened. For your account security, we'll also need to photocopy your driver's license(s), or other form of ID, so we can have it on file to accurately identify you in the future.

| Primary Account Holder Information | | Joint Account Holder Information | |
|--|--|--|--|
| Name | | Name | |
| Maiden Name | | Maiden Name | |
| Relationship to Account <small>(owner and/or signer, borrower, etc.)</small> | | Relationship to Account <small>(owner and/or signer, borrower, etc.)</small> | |
| Address | | Address | |
| Mailing Address <small>(if different)</small> | | Mailing Address <small>(if different)</small> | |
| Home Phone | | Home Phone | |
| Work Phone | | Work Phone | |
| Mobile Phone | | Mobile Phone | |
| E-Mail | | E-Mail | |
| Birth Date | | Birth Date | |
| Birth Place | | Birth Place | |
| SSN/TIN | For your security we will obtain your SSN at the time of document signing. | SSN/TIN | For your security we will obtain your SSN at the time of document signing. |
| Govt. Issued Photo ID <small>(Type, Number, State, Issue Date, Exp. Date)</small> | | Govt. Issued Photo ID <small>(Type, Number, State, Issue Date, Exp. Date)</small> | |
| Other ID <small>(Description, Details)</small> | | Other ID <small>(Description, Details)</small> | |
| Employer | | Employer | |
| Previous Financial Institution | | Previous Financial Institution | |
| PRIMARY BENEFICIARY INFORMATION | | | |
| Name | | Name | |
| Date of Birth | | Date of Birth | |

I would like to open:

Personal Checking:

- Basic Package Rewards Package Premium Package Senior Package Student Package

Savings:

- Statement Savings Lazy River Kids Club Savings Christmas Club/Vacation Club Accounts
 RoundUp Savings Money Market Certificate of Deposit IRA HSA

- I/We would like a Generic Debit Card. Number of Cards: If Mascot Card, Choose Team:
 I/We would like a Mascot Debit Card. Number of Cards: Bobcats BullDogs
 I/We would like FREE online access to account(s) Lions



GET ORGANIZED

This tool is to help you keep track of the automatic transactions that you will be switching to FMB.

List All Companies with Direct Deposits and Automatic Payments

For reference you will want to have your most recent bank statement from your old bank, you may even want a couple months worth. Also, you will want statements/information for utility payments, loan payments, health club memberships, etc. you have set up with your old bank.

Direct Deposits or Payroll

| Company Name | Deposit Amount | Frequency | Phone | Acct # |
|--------------|----------------|-----------|-------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Automatic Payments

| Company Name | Deposit Amount | Frequency | Phone | Acct # |
|--------------|----------------|-----------|-------|--------|
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Former Bank Activity Tracking

You will want to keep track of activity on your old bank account. Before closing the account, be sure all checks, deposits, automatic payments, debit card transactions, ATM withdrawals have cleared. For quick reference, include your account information below.

PAYROLL DEPOSIT AUTHORIZATION FORM

Use this form to request the direct deposit of your payroll check to your FMB account. You will need to provide this information to your employer with any other additional information and authorization they might need to initiate the deposit. Please contact your employer's payroll department if you have any questions about their process.

Authorization

I hereby authorize (company name) [REDACTED] hereinafter COMPANY, to make payment of any amount owed to me for payroll by initiating credit entries to my account indicated below at FMB, and I authorize and request FMB to accept credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof. It is understood that in signing this agreement I allow COMPANY to initiate reversal of described payment entry in the event of error in calculation or overpayment.

Employee Name [REDACTED]

Address [REDACTED] City, State, Zip [REDACTED]

Phone Number [REDACTED]

Social Security For your security we will obtain your SSN at the time of document signing.

Note: For Social Security Direct Deposit, we can assist you with calling the Social Security Administration Direct Deposit Department at 1-800-772-1213 or signing up online at www.ssa.gov/deposit

NEW direct deposit bank

+ Send an automatic direct deposit to:

FMB Checking Account Number [REDACTED]

FMB Routing & Transit Number [REDACTED]

Deposit \$ [REDACTED] OR entire amount to Checking Account # [REDACTED]

Deposit \$ [REDACTED] OR entire amount to Savings Account # [REDACTED]

+ Discontinue sending my automatic direct deposit to:

Previous Financial Institution [REDACTED]

Account # [REDACTED]

I further understand this authorization may be terminated by me at any time by written notification to my employer or to FMB. Any such notification to my employer shall be effective only with respect to entries initiated by my employer after receipt of such notification and a reasonable opportunity to act on it. Any such notification to FMB shall be effective only with respect to entries credited to my account by FMB after receipt of such notification and reasonable time to act on it.

Primary Account Owner Signature [REDACTED] Date [REDACTED]



ACCOUNT CLOSING REQUEST

Use this form to request that your account(s) be closed at your former bank and any remaining funds sent to you. Prior to closing your accounts, ask your former bank if there are any fees associated with closing your account. Also, remember to keep enough funds in your account until your last check has cleared. You can also visit your former bank to close out your accounts.

Attention

Financial Institution

Address

City, State, Zip

To Whom It May Concern

Please accept this letter as authorization and close my bank account(s) listed below with your institution and issue a Cashier's check in my name for the remaining balance along with all accrued interest (if applicable).

| Account Type | Account Number | Account Owner Name(s) |
|----------------------|----------------------|-----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please Send All Closing Balances To

Name

Address

City, State, Zip

Phone Number

Please process this request immediately. If you have any questions regarding this request, please contact me at the phone number or address listed above.

Authorization

Primary Account Owner Signature

Date

Secondary Account Owner Signature

Date

Save this completed document and submit through the secure link below:

You must Save this PDF before submitting.

SUBMIT

