

New Account Information

Primary Account Holder

Name

Home Address _____rent_____own _____

City, State, Zip

Home Phone Number

Cell Phone Number

Work Phone Number

E-mail Address

SSN _____ Date of Birth _____

Employer Name

Employer Address

City, State, Zip

Driver's License Number _____ State _____

Signature _____ Date _____

Joint Account Holder

Name

Home Address _____rent_____own _____

City, State, Zip

Home Phone Number

Cell Phone Number

Work Phone Number

E-mail Address

SSN _____ Date of Birth _____

Employer Name

Employer Address

City, State, Zip

Driver's License Number _____ State _____

Signature _____ Date _____

The above information is true and correct. Farmers State Bank is Authorized to verify this information, perform a credit check, and retain the application, whether or not it is approved.

Change Payroll Direct Deposit

Date

Employer/Depositor's Name

Address

City

State

Zip

To Whom It May Concern:

You are currently depositing MY ENTIRE PAYCHECK / PART OF MY PAYCHECK (circle one) to the following account:

Old Bank: _____

Bank Routing Number: _____

Account Number: _____

Please stop making deposits to that account and instead make them to:

Financial Institution Name: _____

Bank Routing Number: _____

Account Number: _____

If you have any questions about this request, please contact me during the DAY / EVENING (circle one) at:

phone number

Thank you.

Sincerely,

Signature

Name (please print)

Address

City

State

Zip

Other Information Your Employer May Need (SSN, Employee ID, etc.)

Change Automatic Withdrawal

Date

Name of Company That Makes Automatic Withdrawal

Address City State Zip

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) for my _____ (what payment is for),
_____ (account or other identifying number), _____ (when) from the following account:

Old Bank: _____

Bank Routing Number: _____

Account Number: _____

Please stop making withdraws from that account and instead make them from:

Financial Institution Name: _____

Bank Routing Number: _____

Account Number: _____

If you have any questions about this request, please contact me during the DAY / EVENING (circle one) at:

phone number

Thank you.

Sincerely,

Signature

Name (please print)

Address City State Zip

Other Information Your Employer May Need (SSN, Employee ID, etc.)

Close Account

Date

Bank's Name

Address

City

State

Zip

To Whom It May Concern:

Please close my account _____ (account number), and send a check for the remaining balance to me at the address listed below:

If you have any questions about this request, please contact me during the DAY / EVENING (circle one) at:

phone number

Thank you.

Sincerely,

Name (please print)

Co-Signer Name (please print)

Signature

Co-Signer Signature

Address

City

State

Zip