

# How To Make The Switch To The Farmers Bank



## Step: 1 Open a checking account

Stop by any of our convenient locations to open your account. We will be happy to help you choose the account that is best for you.

## Step: 2 Stop using your old account

Balance your old account. Make sure that all outstanding checks, debit card transactions, and automatic payments have cleared. Bring any old checks or debit cards into the bank so that we can make sure they are properly destroyed.

## Step: 3 Transfer your Direct Deposits and Automatic Payments

Send the Direct Deposit or the Automatic Payment form to any company or organization that is automatically depositing or debiting from your existing account.

To change your Social Security direct deposit information call the Social Security Administration at 1-800-772-1213. Make sure you have your social security number and your Farmers Bank account number and routing number ready. They will change your direct deposit information over the phone. You also may go online at the following address



**THE Farmers Bank**  
My bank for life.



## Our convenient locations are:

### Frankfort, Indiana

Main Office - (765) 654-8731  
MainStreet Market - (765) 659-1517  
Wesley Manor – (765) 654-6719

### Fishers, Indiana

(317) 841-5960

### Kirklin, Indiana

(765) 279-8351

### Lebanon, Indiana

(765) 482-4556

### Michigantown, Indiana

(765) 249-2216

### Mulberry, Indiana

(765) 296-3733

### Noblesville, Indiana

(317) 773-3100

### Sheridan, Indiana

(317) 758-9620

# How To Close Existing Account



## Account Closure/Transfer

Name \_\_\_\_\_

SSN \_\_\_\_\_

Co-Owner \_\_\_\_\_

Co-Owner SSN \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

## Transfer my Account FROM

Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

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

Existing Account Number \_\_\_\_\_

## Please check one of the following

Please close my account and send the remaining balance to me at the address above

Please close my account and send the remaining account balance to:

The Farmers Bank  
9 E Clinton St / PO Box 129 Frankfort IN 46041

Please reference Account # \_\_\_\_\_

I hereby authorize you to complete the requested transfer and account closure from my existing account.

\_\_\_\_\_

Signature

Date

# Automatic Payment Change or New Automatic Payment



## Your information

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Account # with company \_\_\_\_\_

### Please check one of the following

- I have recently opened a new account and would like to have you change my automatic payment to my new account. Please begin making the withdrawals from my new Farmers Bank account according to the following information
- Please begin making automatic withdrawals from my Farmers Bank account according to the following information.

**Name of Financial Institution:** The Farmers Bank

**Address:** 9 E Clinton St Frankfort IN 46041

**Routing Number:** 074902503

**Account Number:** \_\_\_\_\_

**My account is a**

- Checking
- Savings

**Amount to be paid** \_\_\_\_\_

X

Signature

Date

# Direct Deposit



## Your information

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

### Direct deposit Information

**Name of Financial Institution:** The Farmers Bank

**Address:** 9 E Clinton St Frankfort IN 46041

**Routing Number:** 074902503

**Account Number:** \_\_\_\_\_

Please deposit

- My entire check
- Part of my check - \_\_\_\_\_

**My account is a**

- Checking
- Savings

I hereby authorize my employer to initiate credit entries to my account as indicated above. If funds to which I am not entitled are deposited in my account, I authorize my employer to direct The Farmers Bank to return said funds. This authority is to remain in effect until the company has received timely written notice from me of termination or until the company or The Farmers Bank has sent me written notice of termination of this agreement. I understand that I am responsible for the information entered on this form.

X

Signature

Date

# Automatic Payment Cancellation



## Your Information

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Account # with company \_\_\_\_\_

Payment Amount \_\_\_\_\_

Date of Automatic Payment \_\_\_\_\_

Please discontinue withdrawing from

\_\_\_\_\_  
**Present Financial Institution**

\_\_\_\_\_  
**Routing Number**

\_\_\_\_\_  
**Account Number**

X

Signature

Date