

Simple Switch Kit

↳ *Switch to F&M Bank*

Account Application

Individual Account Holder	Joint Account Holder
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
Email Address	Email Address
Driver's License Number, State	Driver's License Number, State
SSN	SSN
Date of Birth	Date of Birth
Employer	Employer
Occupation	Occupation

To complete account opening, please print and bring this information with you to any of F&M Bank's 8 locations in Hannibal, Monroe City, O'Fallon, Palmyra, Shelbina, and Quincy, IL. Additional forms will need to be signed in person by both the primary and joint account holder.

You will need to bring your valid driver's license, passport, or military ID, plus additional forms of identification.



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Authorization to Change Direct Deposit

To:

Company Name _____ Attn _____

Company Address _____ City, State, Zip _____

From _____ Employee SSN _____

Employee ID _____ Department Name _____

Home Address _____ City, State, Zip _____

Work Phone _____ Home Phone _____

I authorize you to change my Payroll direct deposit to my new F&M Bank account effective beginning _____ (please allow 3 to 4 weeks).

(date)

Current Direct Deposit

Old Financial Institutions	Account Number	Routing Number	Amount

Redirect my direct deposit to:

F&M Bank	Account Number	Routing Number	Amount

Authorized signature _____ Date _____



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Account Closing Form

Previous Bank _____

Address _____

City _____ State _____ Zip _____

From:

Primary Account Holder's Name _____

Primary Social Security Number _____

Secondary Account Holder's Name _____

Address _____

City _____ State _____ Zip _____

Please forward funds according to closing date to:

F&M Bank

c/o _____ (customer name)

505 Broadway

Hannibal, MO 63401

Please close the following accounts

Account Type	Account Number*	Check here to send payment immediately*	Special Instructions

I authorize you to close the accounts listed above and to forward funds to F&M Bank.

Primary Account Holder Signature _____

Secondary Account Holder Signature _____

Date _____

*Please make sure all checks and all automatic debits have been switched prior to closing your account. We recommend viewing two months statements to ensure you have switched them all.



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Automatic Payment Switch Form

Merchant or Utility Name _____ From: _____
Address _____ Customer Name _____
City, State, Zip _____ Address _____
Merchant or utility account number _____ City, State, Zip _____

Financial Information _____ To be withdrawn from my new account at F&M Bank:
Please redirect my automatic withdrawal from old account: Account No. _____
Bank Name _____ Routing No. _____
Account No. _____ Amount of withdrawal _____
Routing No. _____ Effective Date _____

I, _____ (print name), authorize you to redirect payment from my old account to my new account effective _____. If you have questions, please contact me at the following phone number _____.

Please complete a form for each automatic withdrawal you are switching. To save time and money, stop by any F&M Bank location for assistance in completing your forms. We will make it simple by completing the switch and mailing the forms to the address you listed, postage is on us!

Thank you for choosing F&M Bank.

