



MONROE COUNTY BANK

Local. Listening. Leading.

After opening an account with Monroe County Bank, these instructions will facilitate your switch from your former bank.

- 1. Stop using your old checking account.** *Allow time for outstanding checks to clear. In the meantime, destroy any unused checks, deposit slips, and ATM and/or debit cards.*
- 2. Change your direct deposit.** *Complete Form 1 and give it to your employer or retirement plan so they can begin processing your payroll to your new account. If you are a recipient of Social Security benefits, a Monroe County Bank representative will gladly help you change your direct deposit.*
- 3. Change any automatic payments.** *Complete Form 2 and send it to anyone deducting automatic payments (insurance, car, gym dues, etc) from your old account so they can begin processing your payments from your new account.*
- 4. Close your old account.** *After all checks and debit items have cleared, complete Form 3 and send it to your former bank to request that your old account be closed.*



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FORM 1 DIRECT DEPOSIT REQUEST

I would like my payroll deposit to be automatically deposited into my Monroe County Bank account.

EMPLOYER INFORMATION

Employer _____

Employer Address _____

City _____ State _____ Zip _____

Establish Direct Deposit

Change my existing Direct Deposit

Former Bank

Routing # _____ Account # _____

PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____

NEW BANK ACCOUNT INFORMATION

Account Type: Checking Savings Money Market

Monroe County Bank Account # _____

Monroe County Bank Routing # 061102617

Effective _____, I authorize _____ (Employer) to make deposits directly to my Monroe County Bank account indicated above, and to make (if necessary) adjustments for any credit made in error to my account. This authority will remain in effect until I have given written notice to terminate this service.

Signature _____ Date _____



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FORM 2 AUTOMATIC PAYMENT REQUEST

According to the instructions below, please debit the following payment from my Monroe County Bank account.

COMPANY INFORMATION

To _____

Address _____

City _____ State _____ Zip _____

Fax # _____

AUTOMATIC PAYMENT INFORMATION

Amount \$ _____

Establish Automatic Payment

Change my existing Automatic Payment

Former Bank

Routing # _____ Account # _____

PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____

NEW BANK ACCOUNT INFORMATION

Account Type: Checking Savings Money Market

Monroe County Bank Account # _____

Monroe County Bank Routing # 061102617

Effective _____, I authorize _____ (Payee) to initiate drafts from my Monroe County Bank account, and to make (if necessary) adjustments for any debit made in error to my account. This authority will remain in effect until I have given written notice to terminate this service.

Signature _____ Date _____



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**FORM 3 ACCOUNT CLOSING
REQUEST**

Please close my account as instructed
below.

To _____

Address _____

City _____ State _____ Zip _____

Fax # _____

To Whom It May Concern:

I have recently changed banks and need to close the following account and send a check for the remaining balance to the address indicated below.

Account # _____

If you have any questions, please let me know. I can be reached at _____.

Thank you,

Signature _____

Name (please print) _____

Address _____

City _____ State _____ Zip _____