

WELCOME TO FIRST FARMERS

Switch to First Farmers in **THREE EASY STEPS**. The following forms will guide you through the process. Complete the applicable pages and bring them to your local branch to make the switch.



1

OPEN A FIRST FARMERS ACCOUNT

Visit your local branch to open your new First Farmers account. Please remember to bring the following items to ensure a smooth process:

- PHOTO ID (i.e., a current drivers license, visa or passport, etc.)
- SOCIAL SECURITY CARD
- PROOF OF ADDRESS
- A COPY OF YOUR MOST RECENT BANK STATEMENT (to show recent debits and credits from your previous account)

2

REDIRECT YOUR DEPOSITS AND AUTOMATIC WITHDRAWALS

If you have any automatic transactions, use the provided forms to seamlessly switch them to First Farmers. We can help you with the process of moving your direct deposits and automatic payments to your new account. (See attached forms.)

3

TRANSFER YOUR BALANCE AND CLOSE YOUR OLD ACCOUNT

Close your former bank account(s) using the attached form to guide you through the process. Any remaining account balance can be transferred to First Farmers.

DIRECT DEPOSIT

Complete this form to authorize your employer, retirement and pension funds, and any other agency to deposit funds directly into your First Farmers account. Please use one form per each direct deposit.

NOTIFICATION OF DIRECT DEPOSIT AUTHORIZATION CHANGE

*You can fill this out online, or you can print this and complete it by hand.

COMPANY OR EMPLOYER

ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

EMPLOYEE ID (IF APPLICABLE)

Effective immediately, please deposit the net amount of my check to my account.

I AUTHORIZE (NAME OF DEPOSITOR)

to automatically deposit funds into the account below. This authorization shall remain in place until I have submitted a new authorization, or until this authorization is changed or revoked by me in writing.

PLACE AN "X" NEXT TO YOUR DESIRED OPTION.

Checking

Savings

FIRST FARMERS ACCOUNT #

FIRST FARMERS ROUTING #

064108113

SIGNATURE

DATE

NAME

ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

AUTOMATIC WITHDRAWALS

Complete this form to authorize changes to any automatic payment, deductions, or withdrawals from you account. Please use one form per each automatic withdrawal. (You may be able to make this change directly via some companies' websites.)

NOTIFICATION OF WITHDRAWAL AUTHORIZATION CHANGE

*You can fill this out online, or you can print this and complete it by hand.

NAME OF COMPANY	
ACCOUNT NUMBER	
PAYMENT AMOUNT	
ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	

Please CHANGE my automatic withdrawal from the following account:

FINANCIAL INSTITUTION			
ACCOUNT #		ROUTING #	

Please make all FUTURE automatic withdrawals from the following account:

FINANCIAL INSTITUTION	First Farmers & Merchants Bank		
ACCOUNT #		ROUTING #	064108113

THANK YOU. This authorization will remain in effect until I have submitted a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.

SIGNATURE	
DATE	
NAME	
ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	

ACCOUNT CLOSURE

Complete this form to transfer your balance and close your account at your former financial institution. Ensure that all outstanding items have cleared your old account.

NOTIFICATION OF ACCOUNT CLOSURE AUTHORIZATION

*You can authorize your remaining balance to be deposited automatically to your new First Farmers account(s) or paid by a check forwarded to your mailing address.

To whom it may concern:

FINANCIAL INSTITUTION

ADDRESS

CITY, STATE, ZIP

Please close my account:

ACCOUNT NUMBER

PRIMARY OWNER

ADDRESS

CITY, STATE, ZIP

Please send the remaining balance to:

Please deposit directly to my new account at First Farmers & Merchants Bank.

ACCOUNT #

ROUTING #

064108113

Please forward me a check to my address listed below.

SIGNATURE

DATE

NAME

ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

Use this form to keep track of which direct deposits and automatic withdrawals have been switched.

DEPOSITS	COMPANY NAME	ACCOUNT #	DATE SENT	✓
Payroll				
Payroll				
Pension				
Social Security				
Other				
Other				

WITHDRAWALS	COMPANY NAME	ACCOUNT #	DATE SENT	✓
Mortgage/Rent				
Car				
Car				
Insurance				
Insurance				
Cell Phone				
Electricity				
Gas				
Water				
Cable/Satellite				
Internet				
Other				
Other				
Other				
Other				