



NEW ACCOUNT SWITCH KIT CHECKLIST.....

1. To Switch Your Checking And/Or Savings Account(s), Please Bring:
 - A voided check from your current checking account(s).
 - A voided deposit slip from your current savings account(s).

2. To Switch Automatic Bill Payments, Please Bring:
 - A payment coupon for mortgage as well as other loan payments.
 - Account number and billing address for other automatic payments.

3. To Switch a Direct Deposit, Please Bring:
 - A recent pay stub or deposit statement containing all payment information and a phone number for authorization.

Make the Switch To



Consumer Checking Account Information

Check All Boxes That Apply:

- Individual Account
- Joint Account with Survivorship
- Payable on Death

Name of Primary Account Holder

Name of Joint Account Holder

Physical Address

Mailing Address (if different from physical address)

Home Phone Number

Primary Account Holder Information

Joint Account Holder Information

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Employer

Employer

Email Address

Email Address

Cell Phone Number

Cell Phone Number

Payable on Death to: *(Beneficiaries)*

Direct Deposit

Debit Card to help you speed through checkout lines and get cash anytime.*

Online Banking for accessing your account records anywhere in the world.

*Subject to Approval

AUTHORIZATION TO CHANGE MY DIRECT DEPOSIT

Complete a separate form for each automatic payment



704 N. Westwood Blvd • Poplar Bluff MO 63901
(573)-785-8461

Name of Direct Depositor: _____ Phone #: _____
(name of entity depositing to your account – please print)

Depositor's Address: _____

I plan to close my checking account at: _____ Account #: _____
(name of old financial institution)

Account Holder: _____ Social Security #: _____

Effective Immediately, I authorize direct deposit to my new checking account at First Midwest Bank.

ATTN: Checking Services,

My new checking account # is: _____ The new routing transit # is 081501227

I have attached a deposit slip to verify the new account information.

Signature: _____ Daytime Phone: _____

*All other direct deposit allocations will remain the same.

Member FDIC

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Depositor's Address: _____

I plan to close my checking account at: _____ Account #: _____
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Account Holder: _____ Social Security #: _____

Name of Payee (beneficiary) : _____ Social Security # of Payee: _____

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My new checking account # is: _____ The new routing transit # is 081501227 I have attached a deposit slip to verify the new account information.

Type of Benefit (Check One): Social Security SSI Income Railroad Retirement VA Benefit Civil Service

Signature: _____ Daytime Phone: _____

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Name of Direct Depositor: _____
(Utility, Mortgage Lender, Investment Company, or Other Organization you wish to pay automatically from your checking account-Please Print)

Payee Address: _____

I plan to close my checking account at: _____ Account #: _____
(name of old financial institution)

Account Holder: _____ Social Security #: _____

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My new checking account # is: _____ The new routing transit # is 081501227

I have attached a voided check to verify the new account information.

Signature: _____ Daytime Phone: _____

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