

MAKE *the* SWITCHKIT

THREE EASY STEPS *to* BETTER BANKING!

Everything you need to make the switch is provided in this convenient Switch Kit. We look forward to welcoming you to our family and to serving all your banking needs!

1

.....
Apply online in minutes or visit one of our banking centers to open your new Paducah Bank account(s).

2

.....
If you have any automatic transactions, use the provided forms inside to seamlessly switch them to Paducah Bank.

3

.....
Now you're ready to Make the Switch. Simply complete the form on the back to close your old account with your previous bank. Any remaining account balance can be transferred to Paducah Bank.



PADUCAH BANK

www.paducahbank.com

MEMBER FDIC



PADUCAH BANK'S MAKE *the* SWITCH KIT

DIRECT DEPOSIT AUTHORIZATION

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your Paducah Bank account. Use one form for each direct deposit.

Notification of Direct Deposit Authorization Change

Company
or Employer: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Employee ID (if applicable): _____

Effective immediately, please deposit the net amount of my payment to my Paducah Bank 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.

NET AMOUNT TO PADUCAH BANK CHECKING

Routing # 083900402 Account # _____

NET AMOUNT TO PADUCAH BANK SAVINGS

Routing # 083900402 Account # _____

Signature: _____ Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

DIRECT DEPOSIT CHECKLIST

Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits.

- Payroll
- Investments
- Retirement plans
- Social Security



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AUTOMATIC WITHDRAWAL AUTHORIZATION

Use this form to authorize a change to any automatic payment, deduction, or withdrawal from your account. Use one form for each automatic withdrawal. Or many companies and agencies make it easy to change your account on their website.

Notification of Withdrawal Authorization Change

Name of Company: _____

Account Number: _____

Payment Amount: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Please **remove** my automatic withdrawal from the following account.

FINANCIAL INSTITUTION:

Routing # _____ Account # _____

Please make all **future** automatic withdrawals from the following account.

FINANCIAL INSTITUTION:

Routing # 083900402 Account # _____

Thank you very much. This authorization will remain in effect until I have submitted to you 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: _____

AUTOMATIC WITHDRAWAL CHECKLIST

Use this list to remember all your automatic payments you need to transfer. These are some of the most commonly used automatic payments.

- Home Mortgage
- Auto Loans
- Utilities
- Insurance
- Cable/Internet
- Gym/Club Membership
- Credit Cards
- Investments
- Subscriptions
- Charity Donations



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ACCOUNT CLOSURE AUTHORIZATION

Use this form to authorize your remaining balance(s) at your former financial institution to be deposited automatically to your new Paducah Bank account(s) or paid by a check forwarded to your mailing address. Be sure to verify that any outstanding items have cleared your old account.

Notification of Account Closure Authorization

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:

Place an **X** next to your desired option.

Please **deposit** directly to my new account at Paducah Bank.

Routing # 083900402 Account # _____

Please **forward** a check to my address listed below.

Primary Signature: _____ Date: _____

Joint Signature: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

**WELCOME
TO OUR
FAMILY!**

You had to sign your name a few times. . . but submitting these forms completes your switch to a truly better banking experience. We can't wait to service all of your banking needs.



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