

Making the switch to better banking today!

You can make the move to Farmers & Merchants Bank in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to Farmers & Merchants Bank, where you'll enjoy a better experience for all your banking needs!



Apply online in minutes or visit your local branch to open your new Farmers & Merchants Bank account(s).



Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to Farmers & Merchants Bank.



Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to Farmers & Merchants Bank.





Direct Deposit Authorization

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You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

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

Notification of Direct Depo	sit Authorization Cha	inge	Direct Deposit Checklist:
Company or Employer:			Use this list to remember all your direct deposits you need
Address:			to transfer. These are the most common direct deposits.
City, State, Zip:			Payroll
Phone Number:			Investments
Employee ID:			Retirement Plans
(if applicable)			Social Security
Effective immediately, please deposit th	ne net amount of my check to m	y Farmers &	
Merchants Bank account. I authorize (n	ame of depositor)		
to automatically deposit funds into the	account below. This authorization	on shall remain in	
place until I have submitted a new auth	orization, or until this authoriza	tion is changed or	
revoked by me in writing.			
Place an X next to your desired option.			
Net amount to Farmers & M	Merchants Bank CHECKING		
Account #	Routing # 04	2213389	
Net amount to Farmers & N	Merchants Bank SAVINGS		
Account #	Routing # 04	12213389	
Signature:	Date	2:	
Name:			
Address:			
City, State, Zip:			
Phone Number:			



Automatic Withdrawal Authorization

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You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

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

Name of Company: Account Number: Payment Amount: Payment Amount: Address: City, State, Zip: Phone Number: City, State, Zip: Phone Number: Account # Bank Routing # Otating # Otating # Otating # Otating # Otating # Otating # Outer H Signature: Name: Address: City, State, Zip:	Notification of Withdrawal Authorization Change		nge	Automatic Withdrawal
Please make all future automatic withdrawals from the following account: Financial Institution: Farmers & Merchants Bank Account # Bank Routing # O42213389 Charity Donations 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: Name: Address:	Name of Company: Account Number: Payment Amount: Address: City, State, Zip: Phone Number: Please change my autor Financial Institution:	natic withdrawal from the following account:		Checklist: Use this list to remember all your automatic payments you need to transfer. These are some of the most commonly used automatic payments. Image:
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:	Financial Institution:	Farmers & Merchants Bank		Investments Subscriptions
Name: Address:	This authorization will ren you have been notified by	nain in effect until I have submitted to you a new me in writing that this authorization has been ch	anged or revoked.	
Phone Number:	Name: Address: City, State, Zip:			



Account Closure Authorization

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

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

Notification of A	Congratulations!	
To Whom It May Conce	You had to sign your name a few timesbut submitting these forms completes your switch to a	
Financial Institution: Address:		truly better banking experience. We can't wait to show you the
City, State, Zip:		difference a local partner makes. Welcome to Farmers &
Please close my accour	nt:	Merchants Bank!
Account Number:	Primary Owner:	
Address:		
City, State, Zip:		
Please send the remain Place an X next to your desi Please depo Account #		
	ard me a check to my address listed below.	
Primary Signature:	Date:	
Joint Signature:		
Name:		
Address:		
City, State, Zip:		
Phone Number:		

