

# Bank of the Bluegrass & Trust Co.

## SWITCH TO HOMETOWN BANKING

\*101 E. High St. \*215 Southland Dr. \*859-233-4500

**REMINDER: Fill out forms and bring to either location: 101 E High St. & 215 Southland Drive in Lexington. When you visit Bank of the Bluegrass & Trust Co., don't forget your driver's license or government issued photo identification.**

### Your Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_  
Employer \_\_\_\_\_ Email Address \_\_\_\_\_

### Joint Owner's Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Soc. Sec. Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_  
Employer \_\_\_\_\_ Email Address \_\_\_\_\_

### Your New Bank of the Bluegrass & Trust Co. Account Information (We'll help you complete this section when you open your account)

Checking \_\_\_\_\_ Savings \_\_\_\_\_  
Money MKT \_\_\_\_\_ CD \_\_\_\_\_  
Debit Card \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Credit Card \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Other \_\_\_\_\_



# ACCOUNT CLOSURE FORM

**Bank Name:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_

\_\_\_\_\_

**Please close the accounts listed below effective immediately. Please forward any remaining balance(s) in my account(s) by check to my address listed below.**

Checking Account: \_\_\_\_\_

Title: \_\_\_\_\_ Account Number: \_\_\_\_\_

Money MKT Account: \_\_\_\_\_

Title: \_\_\_\_\_ Account Number: \_\_\_\_\_

Savings Account: \_\_\_\_\_

Title: \_\_\_\_\_ Account Number: \_\_\_\_\_

Other Account: \_\_\_\_\_

Title: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Please close out balances and forward to:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for your help with this request.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

NOTE: Check with your employer to make certain no other information or specific form is necessary to complete the change of your direct deposit to your new bank account. If this form is acceptable, attach a preprinted voided check from your new account to this form and provide it to your employer.

Company Name

Company Address

City

State

Zip Code

Please change the account used for Direct Deposit of my net pay to my new bank account:

Last Name

First Name

Middle

Address

City

State

Zip Code

Social Security #

Phone Number

## My New Account Information:

Account Type: \_\_\_ Checking \_\_\_ Savings

Account Number: \_\_\_\_\_ Routing Number/ABA # 042101271

I hereby authorize my employer, \_\_\_\_\_ (company name) to deposit my paychecks directly to my Bank of the Bluegrass & Trust Co. account indicated above and to make any necessary adjustments for any credit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Form SF 1199A U.S. Government Direct Deposit

[http://www.fms.treas.gov/eft/fms\\_form\\_1200.pdf](http://www.fms.treas.gov/eft/fms_form_1200.pdf)



# AUTOMATIC PAYMENT AUTHORIZATION FORM

NOTE: Check with your payee to make certain no other information or specific form is necessary to change your automatic payment to your new bank account or debt/credit card account. If this form is acceptable, complete the information below and provide it to your Payee.

Company Name

Company Address

City

State

Zip Code

Please change the account used for Automatic Payment to my new account:

Last Name

First Name

Middle

Address

City

State

Zip Code

Social Security #

Phone Number

My New Account Information:

Account Type:  Checking  Savings

Account Number: \_\_\_\_\_ Routing Number/ABA # 042101271

Card Type:  Debit  Credit

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

I hereby authorize, \_\_\_\_\_ (payee/company name) to withdraw payments from my Bank of the Bluegrass & Trust Co. Account indicated above and to make any necessary adjustments for any debits made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Signature \_\_\_\_\_

Date \_\_\_\_\_

