

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



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 _____

