

New Account Switch Kit

Date Social Security Number	
Name(s)	
Name(s)	
Previous Financial Institution_	
Address	
Previous Checking Account #	
Please mail balance to Merchants Bank, PO Box, 227 Bangor PA, 18013-0227	
Merchants Bank Checking Account # I (we) hereby authorize the closure of my checking account, and state that all my checks have cleared	1.41
to be closed, and that all direct deposits and automatic payments have been stopped.	i the account
Signature(s)	
Signature(s) Direct Deposit Change Notice	
Date Social Security Number	
Name(s)	
NI C.F I	
Name of Employer or Agency	
Address	
Previous Financial Institution	
Address	
Previous Checking Account #	
New Financial Institution: Merchants Bank, PO Box, 227 Bangor PA, 18013-0227 Merchants Bank Account # Circle: Checking or Routing Number for Merchants Bank: 0313-0708-6 I (we) hereby authorize this change in direct deposit, effective	Č
Signature(s)	
Automatic Daymont Change Notice	
Automatic Payment Change Notice Date Social Security Number	
·	
Name(s)	
Company to Receive PaymentAddress	
Address	
Previous Financial InstitutionPrevious Account #	
AddressAmount of Payment \$	
Previous Checking Account #	
N. F. C. I. C. C. M. I. C. B. I. BO.D. COST. D. 10012 2007	
New Financial Institution: Merchants Bank, PO Box, 227 Bangor PA, 18013-0227 Merchants Bank, Account #	· Savinge
Merchants Bank Account # Circle: Checking or Routing Number for Merchants Bank: 0313-0708-6	Savilles
I (we) hereby authorize this change in automatic payment, effective	