



Bring your Driver's License or State Issued Identification Card to Open Account

____ / ____ / ____
Effective Date

PRIMARY APPLICANT

Name

Home Address

City

State

Zip

Home Phone Number

Mobile Phone Number

Work Phone Number

Email Address

Social Security Number

Date of Birth

Employer Name

Employer Address

City

State

Zip

Occupation/Job Title

CHANGE DIRECT DEPOSIT

____ / ____ / ____
Effective Date

Depositor's Name

Address

City State Zip

To whom it may concern:

You are currently depositing my Paycheck Social Security Other (check one) to the following account:

Financial Institution Name

Routing Number Account Number

Please stop making payments to that account and instead make them to:

F&M Bank & Trust

Financial Institution Name

073900580

Routing Number Account Number

If you have any questions about this request, please contact me at: _____

Thank you.
Sincerely,

Signature

Name (please print)

Address

City, State, Zip

Social Security Number (If applicable)

Other information Your Depositor May Need

Make as many copies as needed.

CHANGE AUTOMATIC WITHDRAWAL

____ / ____ / ____
Effective Date

Name of Company That Makes Automatic Withdrawals

Address

City State Zip

To whom it may concern:

You are currently withdrawing \$ _____ **for my** _____ (what payment is for),
from _____ (account number), **on** _____ **from the following account:**

Financial Institution Name

Routing Number Account Number Checking Savings

Please stop making withdrawals from that account and instead make them from:

F&M Bank & Trust

Financial Institution Name

073900580

Routing Number Account Number Checking Savings

If you have any questions about this request, please contact me at: _____

Thank you.
Sincerely,

Signature

Name (please print)

Address

City, State, Zip

Make as many copies as needed.

NAME OF COMPANY

ACCOUNT NUMBER

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

Make as many copies as needed.

____ / ____ / ____
Effective Date

Financial Institution Name

Address

City

State

Zip

To whom it may concern:

Please close my account _____ (account number), and send a check for the remaining balance to me at the address listed below.

If you have any questions about this request, please contact me at: _____

Thank you.

Sincerely,

Signature

Co-Signer Signature

Name (please print)

Co- Signor Name(please print)

Address

City, State, Zip