



Making the switch to First Security Bank is easier than ever.



First Security Bank



888-425-8000 • FirstSecurity.net



Automatic Transactions Checklist



Use this form to GATHER INFORMATION on all of your auto pay and deposit transactions in one place for easy reference.

Automatic Payment Checklist

Payment	Company	Account Number	Amount	Date of Payment
Mortgage/Rent				
Auto Loans				
Insurance				
Credit Cards				
Gas/Oil				
Electric				
Cable/TV				
Telephone				
Cell Phone				
Water				
Trash Removal				
Internet Provider				
Health Club				
Investments				
IRA/Retirement				
Charities				
Daycare				
Tuition/School Expense				
Other				

Direct Deposit Checklist

Payment	Company	Account Number	Amount	Date of Payment
Employee Payroll				
Retirement Plans				
Social Security				
Investment Incomes				
Other				

Request to Close Account



Use this form to CLOSE YOUR ACCOUNT at another bank institution and request a check for the remaining balance.

Date:		
To:	(Bank Address)	NOTE: Verify all checks and payments have cleared prior to submitting this form to close your account.
Primary Account Holder:	(Home Address)	
Secondary Account Holder:	(Home Address, if not the	e same as primary)
Please accept this as my authorization and direction to closwith your institution.	se my account(s)	
Checking Account # Authorized Signer Authorized Signer		
Savings/Money Market Account #Authorized Signer		-
Please send the check(s) in the amount of my account balar	nce(s) plus any accrued interest	t to my primary address indicated above:
If you should have any questions regarding this transaction production.	please call me at my daytime pl	none number:
Sincerely,		
(Customer Signature)	(Notary)	

Withdrawal Authorization Form



Use this form to change your AUTOMATIC PAYMENTS or WITHDRAWALS to First Security Bank (e.g. loan payment, insurance payment, transfers to brokerage accounts or savings accounts).

D 1		
Date:	(Company Name) (Address of Company)	NOTE: If there are multiple payments involved please complete a form for each.
From:	(Home Address)	
Please accept this letter as authorization to change th	account number:	, payment type:
(i.e. Mortgage, Auto, Utilities, etc)	, approximate amour	t of transfer
when determining the new effective date. Effective immediately, the new bank information is as f First Security Bank Account Number: Checking Savings CD Money Mark Bank Routing Number: If you should have any questions regarding this transact	et (select one)	phone number:
Please send me written confirmation of when the chan		
Thank you for your cooperation.		
Sincerely,		
(Customer Signature)	(Notary)	

Deposit Authorization Form



Use this form to change your DIRECT DEPOSITS to First Security Bank (payroll, dividends, royalties, etc.)

Date:	_	
To:	Company/Employer Name) Address of Employer Company)	
Primary Account Holder:	(Home Address)	NOTE: • If there are multiple accounts involved please complete a form for each account.
Secondary Account Holder:	(Home Address)	 Contact your employer(s) concerning Direct Deposit changes Verify your HR department does
Please accept this letter as authorization to change the bank a direct deposit in the name of:, pay Pension/Retirement, Investment Income, other-please specify	ment type: (i.e. Payroll,	not require the use of their forms.
I am aware that some automatic deposits require advance notice the new effective date. Effective immediately, the new bank information is as follows:	ce of changes. Please includ	e those notice periods when determining
First Security Bank Account Number:Bank Address: 313 Frederica St., Owensboro, KY 42301		
Bank Routing Number:		
If you should have any questions regarding this transaction please send me written confirmation of when the change will be		phone number:
Thank you for your cooperation.		
Sincerely,		
(Customer Signature)		



If available, attached is a voided check from my account.