

Experience the MERCHANTS BANK OF INDIANA Difference

For most banks, service has become something of a lost art. At Merchants Bank of Indiana, delivering exceptional service is a masterpiece.

- ❖ *While other banks are working on how to grow across the country, we are working on ways to serve you better right here.*
- ❖ *Our clients receive superior personal service.*
- ❖ *Every employee is committed to elevating the concept of personal service.*
- ❖ *We are proud to offer our clients free ATM access worldwide.*
- ❖ *Highly experienced bankers are always ready to assist you.*
- ❖ *We make it easy to switch with the following 4-step process.*

4 EASY STEPS

1

NEW ACCOUNT APPLICATION

First, we need your personal and/or business profile information to open an account.

DIRECT DEPOSIT SET UP

2

In order to make it as easy as possible for you, we need a little more information to set up your direct deposit instructions. A Personal Banker would be happy to assist you with the completion of any additional forms that may be required.

3

AUTOMATIC BILL PAYMENT SET UP

Would you like any payments automated? While most companies require only this form, there may be some that require you to complete their own change request form as well. Our online bill payment service is an excellent tool to help you manage your finances. A Personal Banker will be happy to assist you with setting up your payees.

4

ACCOUNT TRANSFER REQUEST

Instead of dealing with multiple banks, you can receive superior personal service at Merchants Bank of Indiana. We will help you complete the account transfer request to swiftly move your accounts and close your old account(s).

PLEASE CHECK ALL ACCOUNTS YOU WISH TO OPEN:

- Checking Savings Money Market Certificate of Deposit Internet Banking Other

ACCOUNT OWNER

Name

Address

City *State* *Zip*

Home Phone

Cell Phone

SSN

_____/_____/_____
DOB

Email Address

Name of Employer

Occupation

Work Phone

ACCOUNT CO-OWNER

Name

Address

City *State* *Zip*

Home Phone

Cell Phone

SSN

_____/_____/_____
DOB

Email Address

Name of Employer

Occupation

Work Phone

IDENTIFICATION: (PLEASE ATTACH A PHOTOCOPY OF ID)

- Drivers License Passport State ID Military ID

ID Number

Issue Date

Expiration Date

State Issued

To Whom It May Concern:

I authorize _____ (Company Name) to change my direct deposit instructions.

I have closed my checking account savings account.

Former Direct Deposit Location:

Financial Institution: _____

Account Number: _____

Bank Routing Number: _____

Please Direct My Deposits to my Merchants Bank of Indiana Account:



**3737 East 96th Street
Indianapolis, IN 46240**
Phone: 317-805-4300

**11590 N. Meridian Street, Suite 120
Carmel, IN 46032**
Phone: 317-805-4303

Checking Account/Account Number: _____
Routing Number 074909153

Name: _____

Deposit Amount (if applicable): \$ _____

Money Market Account/Account Number: _____
Routing Number 074909153

Name: _____

Deposit Amount (if applicable): \$ _____

If you have any questions about this request, please contact the account holder at: _____

Thank You.

Sincerely,

Signature

Signature (if applicable)

Printed Name

Printed Name (if applicable)

Date of Request

To Whom It May Concern:

I authorize _____ (Company Name) (Account Number) _____ to draw payments from my Checking/Savings account. This authority will remain in effect until I notify you in writing to cancel, allowing time for the financial institution to act on it. I can stop payment of any entry by notifying my financial institution at least 5 days before my account is charged.

My Current Automatic Payments Are Drawn From:

Financial Institution: _____

Account Number: _____

Bank Routing Number: _____

Please Switch My Automatic Payments to:



MERCHANTS BANK
OF INDIANA

3737 East 96th Street
Indianapolis, IN 46240
Routing Number 074909153

11590 N. Meridian Street, Suite 120
Carmel, IN 46032
Routing Number 074909153

Checking Account
New Account Number: _____
Payment Amount (if applicable): \$ _____

Savings Account
New Account Number: _____
Payment Amount (if applicable): \$ _____

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

Thank You.

Sincerely,

Signature

Signature (if applicable)

Printed Name

Printed Name (if applicable)

Date of Request

PAYEE WORKSHEET

If you were using your previous financial institution's bill payment service, simply print out your existing payee screens to use as a reference when setting up your new Merchants Bank of Indiana online bill payment service. You may also use this worksheet as a reference.

My Current Payees:

Payee Name: _____

Payee Address: _____

Payee Phone: _____ Account Number: _____

Payee Name: _____

Payee Address: _____

Payee Phone: _____ Account Number: _____

Payee Name: _____

Payee Address: _____

Payee Phone: _____ Account Number: _____

Payee Name: _____

Payee Address: _____

Payee Phone: _____ Account Number: _____

Feel free to call one of our branch offices for assistance or email us at cs@merchantsbankofindiana.com.

Thank You.



3737 East 96th Street
Indianapolis, IN 46240
317-805-4300

11590 N. Meridian Street, Suite 120
Carmel, IN 46032
317-805-4303

To Whom It May Concern:

Please close the following bank account(s):

Name on Account Checking Savings

Account Number

Name on Account Checking Savings

Account Number

Please send all remaining balances to my attention at the following address:

Address

City _____
State _____
Zip Code

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

Thank You.

Sincerely,

Signature

Signature (if applicable)

Printed Name

Printed Name (if applicable)

Date of Request

Notary Stamp and Signature