

# NEW ACCOUNT APPLICATION

## PLEASE CHECK ALL ACCOUNTS YOU WISH TO OPEN:

Checking    Savings    Money Market    Certificate of Deposit    Online 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*

# DIRECT DEPOSIT FORM

## 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:



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*

# AUTOMATIC PAYMENTS

## 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:



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*

# ONLINE BANKING AND BILL PAYMENT

## 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](mailto:cs@merchantsbankofindiana.com).*

**Thank You.**



# ACCOUNT CLOSING FORM

## 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*