

SWITCH TO MILLENNIUM BANK.....

WE'LL MAKE IT EASY, EVERY STEP OF THE WAY.

1. **SET UP YOUR NEW ACCOUNT** – FILL OUT OUR NEW ACCOUNT INFORMATION AND WE'LL HAVE EVERYTHING WE NEED TO ESTABLISH YOUR NEW ACCOUNT.
2. **CLOSE YOUR OLD ACCOUNT(S)** – OUR ACCOUNT CLOSING LETTER IS ALL READY FOR YOU TO FILL IN THE BLANKS AND SIGN; IT NOTIFIES YOUR OLD BANK ABOUT THE ACCOUNTS YOU ARE CLOSING AND GIVES DIRECTIONS FOR DISBURSEMENT OF ANY REMAINING FUNDS. IF YOU HAVE ELECTRONIC BILL PAYMENT AT YOUR OLD BANK, BRING US THE LIST OF YOUR PAYEES AND WE'LL HELP YOU SET THEM UP!
3. **SET UP YOUR DIRECT DEPOSITS** – SIMPLY SEND OUR DIRECT DEPOSIT REQUEST FORMS TO YOUR EMPLOYER OR OTHER PAYMENT SOURCE, SO YOUR FUNDS CAN BE QUICKLY AND AUTOMATICALLY DEPOSITED TO YOUR ACCOUNTS EACH PAY PERIOD. AND, IF YOU ALREADY HAVE YOUR DIRECT DEPOSIT GOING ELSEWHERE, YOU CAN SIMPLY SWITCH IT TO YOUR NEW MILLENNIUM BANK ACCOUNT.
4. **SWITCH OVER AUTOMATIC PAYMENTS** – FILL OUT AND SIGN THE AUTOMATIC PAYMENT CANCELLATION LETTERS AND SEND IT TO EACH OF YOUR VENDORS TO SWITCH ANY AUTOMATIC PAYMENTS SO THEY'LL COME OUT OF YOUR NEW MILLENNIUM BANK ACCOUNT.

SWITCH KIT – NEW ACCOUNT INFORMATION

INDIVIDUAL ACCOUNT

JOINT ACCOUNT

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

MAILING ADDRESS (IF DIFFERENT)

MAILING ADDRESS (IF DIFFERENT)

HOME PHONE WORK PHONE

HOME PHONE WORK PHONE

E-MAIL ADDRESS

E-MAIL ADDRESS

PRIMARY ACCOUNT HOLDER INFORMATION

JOINT ACCOUNT HOLDER INFORMATION

Social Security Number

Social Security Number

Drivers License Number Expiration Date

Drivers License Number Expiration Date

Date of Birth

Date of Birth

Alternate Access Code (alpha or numeric)

Alternate Access Code (alpha or numeric)

Employer

Employer

I would like to open:

Millennium Free Millennium Plus Prime Time Advantage Checking

Premier Money Market Personal Savings Business Checking CD IRA

I/we would like an ATM / Debit Card (circle one). #of Cards: _____

I/we would like transfer capabilities at the ATM and online.

I/we would like free online access to accounts.

Please note that Primary and Joint account holders will need to sign an official account form in person at our Millennium Bank office before the account can be opened. For your own account security, we will also need to photocopy your driver's license(s), or other form of ID, so we can have it on file to accurately identify you in the future.

(The purpose of this questionnaire is to begin the application process. All applications are subject to approval.)



MILLENNIUM BANK

Millennium Bank Account Closing Request

To: _____

From: Primary Account Holder _____

Social Security Number _____

Secondary Account Holder _____

Address: _____

City, State, Zip _____

Please close the following account(s) with your institution:

Account Type	Account #	Send Payment at Once	Defer Payment Until Close of Interest Period

(NOTE: If closing out a passbook account, please include passbook with this letter)

Pay to the order of: Millennium Bank
c/o Primary Account Holder Name _____
Together with all interest or dividends that may have become due on above listed accounts.

Forward funds to: Millennium Bank
121 N. Washington St
P.O. Box 89
Junction City, KS 66441
(785) 761-BANK (2265)

Primary Account Holder Signature _____

Secondary Account Holder Signature _____

Date _____

Member FDIC



MILLENNIUM BANK

Millennium Bank Direct Deposit Request

To: _____

From: Primary Account Holder _____

Social Security Number _____

Secondary Account Holder _____

Address: _____

City, State, Zip _____

*(NOTE: For **Social Security Deposit**, we can assist you with calling the Social Security Administration Direct Deposit Department at 1-800-772-1213 or signing up online at www.ssa.gov/deposit/.)*

___ Please send an automatic direct deposit to:

Millennium Bank
121 N. Washington St
Junction City, KS 66441
(785) 761-BANK (2265)

Bank Routing & Transit Number
101115140

___ Please discontinue sending my automatic direct deposit to:

(Previous Financial Institution): _____

Account# _____

Please begin sending the same deposit to Millennium Bank

Deposit \$ _____ OR entire amount to Checking Account # _____

Deposit \$ _____ OR entire amount to Savings Account # _____

I authorize:

- i. Above listed entity to initiate deposit of my funds to my Millennium Bank Checking Account.
- ii. Millennium Bank to credit entries to my account
- iii. This authorization to remain in effect until I send written notice of change or cancellation.

Signature: _____ Date: _____

Member FDIC

Millennium Bank

Automatic Withdrawal Transfer

To: _____

From: Primary Account Holder _____

Social Security Number _____

Secondary Account Holder _____

Address: _____

City, State, Zip _____

Please be advised that I have recently changed banks and will need to have my automatic withdrawal switched from my old account to my new account with Millennium Bank. The automatic withdrawal is being applied to the following account, which I have with your organization:

Account # with Company: _____

Debit Amount: _____

I currently have my automatic debit coming out of the following account:

Previous Financial Institution: _____

Account #: _____

ABA Routing #: _____

As soon as possible, I would like to redirect this automatic debit to my new account with Millennium Bank as follows:

Checking or Savings; (circle one) Account #: _____

ABA Routing #: 101115140

If you have any questions, please call me at: _____

Signature: _____ Date _____

Member FDIC