MILLENNIUM BANK SWITCH KIT

MILLENNIUM BANK

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 FreeMillennium Plus _	Prime TimeAdvantage Checking		
Premier Money MarketPersonal Savi	ingsBusiness CheckingCDIRA		
I/we would like an ATM / Debit Card (cir	cle one). #of Cards:		
I/we would like transfer capabilities at the	e ATM and online.		
I/we would like free online access to acce	ounts.		
Please note that Primary and Joint account ho form in person at our Millennium Bank office your own account security, we will also need other form of ID, so we can have it on file to	before the account can be opened. For to photocopy your driver's license(s), or		

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



Millennium Bank Account Closing Request

To:			
From: Primary Ac	ccount Holder		
Social Secu	rity Number		
Secondary 2	Account Holder		
Address:			
City, State,	Zip		
Please close the follow	ing account(s) with your ins	titution:	
Account Type	Account #	Send Payment at Once	Defer Payment Until Close of Interest Period
(NOTE: If closing out	a passbook account, please i	nclude passbook with this le	tter)
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 P.O. Box 89 Junction City, KS 60 (785) 761-BANK (2	6441	
Primary Account H	Iolder Signature		
Secondary Accoun	t Holder Signature		
Date			
Member FDIC			



Millennium Bank Direct Deposit Request

То:		
From:	Prima	ary Account Holder
	Socia	Security Number
	Secon	dary Account Holder
	Addre	ess:
	City,	State, Zip
		cial Security Deposit, we can assist you with calling the Social Security Administration Department at 1-800-772-1213 or signing up online at www.ssa.gov/deposit/.)
Ple	ease sei	nd an automatic direct deposit to:
	121 N Juncti	nnium Bank Bank Routing & Transit Number 1. Washington St 101115140 on City, KS 66441 761-BANK (2265)
Ple	ease dis	continue sending my automatic direct deposit to:
	(Previ	ous Financial Institution):
		Account#
	Please	e begin sending the same deposit to Millennium Bank
Depos	it \$	OR entire amount to Checking Account #
Depos	it \$	OR entire amount to Savings Account #
I autho	orize:	
	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.
Signat	ure:	Date:
J		



Millennium Bank

Automatic Withdrawal Transfer

То:	
	Primary Account Holder
	Social Security Number
	Secondary Account Holder
	Address:
	City, State, Zip
withdr The au	be advised that I have recently changed banks and will need to have my automatic rawal switched from my old account to my new account with Millennium Bank. Itomatic withdrawal is being applied to the following account, which I have with reganization:
	nt # with Company:
I curre	ently have my automatic debit coming out of the following account:
Previo	us Financial Institution:
Accou	nt #:
ABA I	Routing #:
	on as possible, I would like to redirect this automatic debit to my new account with mium Bank as follows:
	ing or Savings; (circle one) Account #:Routing #: 101115140
If you	have any questions, please call me at:
Signat	ure:Date
	or EDIC
Namh	O# LIM!

Member FDIC