



### Automatic Payment Request

(Complete this form and send to any organization who automatically debits your checking account)

Effective ___/___/___, I authorize _____ to change the checking account from which automatic payments are debited to the following Farmers Bank of Green City account:		Name: _____
		Address: _____
	Routing Number: 101918169	City, State, Zip: _____
	Account Number: _____	Account # _____
	Account Type: Checking/Savings	
_____	_____	Thank you for Banking with Farmers Bank of Green City! <b>Everybody is somebody to us!</b>
Date	Signature	

### Direct Deposit Authorization

(Complete this form and send to your employer or other entity)

Effective ___/___/___, I authorize _____ to change the checking account from which automatic payments are debited to the following Farmers Bank of Green City account:		Name: _____
		Address: _____
	Routing Number: 101918169	City, State, Zip: _____
	Account Number: _____	Account # _____
	Account Type: Checking/Savings	
_____	_____	Thank you for Banking with Farmers Bank of Green City! <b>Everybody is somebody to us!</b>
Date	Signature	



## Change Form

Name(s) on Account \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account(s) Number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Specify account changes you are wishing to have done:

Examples of changes: close account, account type, name changes, address changes etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please print this form, sign it and mail or deliver to:**  
**Farmers Bank of Green City**  
**PO Box 7**  
**Green City, MO 63545**

Verified By: _____ Date _____	The FDIC logo is a small, dark rectangular box with the letters 'FDIC' in white, bold, sans-serif font.
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