

Welcome to Hyden Citizens Bank

We are so pleased to have you as a customer of Hyden Citizens Bank. We also know how important it is to have all your information transfer easily and smoothly. This kit has all the tools to make this convenient and simple.

Please contact us if you have any questions or need our assistance in any way at 606-672-2344 or HYPERLINK "mailto:dduff@middleforkfinancialgroup.com" dduff@middleforkfinancialgroup.com.

Here's the steps:

1. Open your account at Hyden Citizens Bank
2. Switch or Start Direct Deposit
It's the easiest way to go. Use the Direct Deposit Authorization form to switch your direct deposit from another financial institution or to get it started. Come payday, the money's just there. PRESTO!
3. Balance your old account
Stop using your old account at the other financial institution, and let all your outstanding checks clear. This might take up to 10 days. Destroy your old unused checks, deposit slips and your old ATM and Debit cards.
4. Change your automatic payments to your account at our bank
Use the automatic withdrawal form to change any automatic withdrawals or payments you have debited from your old account. Don't forget any payments that use your old Debit Card number.
5. Close your old account
Once your direct deposits start coming to your Hyden Citizens Bank checking account and all of your checks have cleared your previous account, submit the Request to Close Account form to your old bank. Our great benefits and friendly service will make you forget about them in no time!

Step 2

Direct Deposit Authorization/Change Form

Complete this form and provide it to your employer's Human Resources Payroll Department.

I _____ have closed my checking account with _____
(Your Name) (Old Bank)
effective _____.

I hereby authorize my direct deposit to be changed from my current checking account # _____ at _____ to my new Hyden Citizens Bank account as listed below:

Checking Account#: _____
ABA Routing #: 042105170
Effective Date: _____

Checking Account#: _____
Amount/Percent to be deposited: _____

Savings Account#: _____
Amount/Percent to be deposited: _____

If you have any questions or if there is a penalty or fee, please contact me at () _____.

Thank you for your time and attention to this matter.

Your Signature

Date

**ATTACH A NEW HYDEN CITIZENS BANK
VOIDED CHECK HERE**

Step 3 **Balancing Your Old Account**

Now that your account is open at Hyden Citizens Bank, you need to balance your old account. Begin with the checking account balance shown on your most recent bank statement. Be as accurate as possible when completing this form.

Enter your current balance on your account statement \$ _____

List the deposits with amounts which were made since your last statement.

Date: _____ Amount: _____

Date: _____ Amount: _____

Date: _____ Amount: _____

Date: _____ Amount: _____

Date: _____ Amount: _____

Enter the total of deposits + \$ _____

Subtotal by adding Steps 1 and 2. = \$ _____

List all outstanding checks, transfers or withdrawals that are not on your statement. *(include any debit card purchases, ATM withdrawals, automatic debits)*

Date: _____ Amount: _____

Date: _____ Amount: _____

Date: _____ Amount: _____

Date: _____ Amount: _____

Date: _____ Amount: _____

Enter the total of debits - \$ _____

Subtract Step 4 from Step 3. = \$ _____

This amount should match your checkbook balance.

(Note: Make sure all transactions have cleared your account before you close your account.)

Step 4

Automatic Withdrawal Change Form

Complete this form for **EACH** company or organization with whom you have arranged for automatic payment. Once completed, mail the form(s) directly to the company or organization. Bring the addresses envelopes to our office and we will mail them for you, at no cost!

I _____ have closed my checking account with _____
(Your Name) (Old Bank)
effective _____.

I hereby authorize my automatic withdrawal in the amount of \$ _____ to be changed from my current checking account # _____ at _____ to my new Hyden Citizens Bank account as listed below:

Checking Account#: _____
ABA Routing #: 042105170
Effective Date: _____

Amount to be withdrawn: \$ _____
Date of withdrawal: _____

Address _____
City/State/Zip _____

If you have any questions or if there is a penalty or fee, please contact me at ()
_____. **Thank you for your time and attention to this matter.**

Your Signature

Date

Joint Account Holder Signature

Date

**ATTACH A NEW HYDEN CITIZENS BANK
VOIDED CHECK HERE**

Step 5 Request to Close My Account

Complete all areas of this form to request that your current bank account be closed. Once completed, mail the form(s) directly to your current bank.

To Whom It May Concern:

I request that the following account(s) with your bank be closed:

Account Number: _____
Type of Account: (Check One)
_____ Checking _____ Savings Other: _____

Account Number: _____
Type of Account: (Check One)
_____ Checking _____ Savings Other: _____

Account Number: _____
Type of Account: _____ Checking _____ Savings Other: _____
(circle one)

Please prepare a cashier's check for the balance of my account. This check should be payable and mailed to:

Name: _____
Address: _____
City/State/Zip: _____

If you have any questions about my request or if a penalty or fee will be incurred, please contact me at () _____

Thank you.

Customer Signature

Joint Account Holder Signature

Date: _____

Date: _____