

# *The Switch Kit*



Switching to Bluegrass is easier than ever.  
This kit contains everything you need to make the transition  
fast, easy, and painless.

Just another example of  
**Hometown Banking The Way It *SHOULD* Be.**



Equal housing lender • Member FDIC

# ***Just follow these four easy steps.***



## ***1. Open your new Checking Account at Bluegrass Community Bank***

Come in to our facility at 113 Smoky Way. Please bring all account holders and bring the following items for each person:

- A valid driver's license for each account holder
- A second form of ID for each account holder  
(For example, a credit card or Social Security card)
- Minimum opening deposit for the account you choose



## ***2. Stop using your previous bank account***

- Leave sufficient funds in your old account to cover any outstanding checks or automatic payments. We've included a handy account balance worksheet for your convenience.
- Destroy your unused checks, deposit slips, ATM and debit cards from your previous bank, or bring them with you and we'll shred them for you.



## ***3. Transfer your direct deposits and automatic payments to your new account***

- Use the Direct Deposit and Automatic Payment Change forms in this kit. Make as many copies as you need.
- Fill out your Direct Deposit and Automatic Payment forms and attach a voided check from your new Bluegrass account to each form. Then drop them in the mail. If you wish, one of our customer service representatives will be glad to help you with this.



## ***4. Close your previous bank account***

- Be sure to verify that all outstanding checks and automatic payments have cleared your old account, and that your direct deposits have been transferred to your Bluegrass account.\*
- After verifying, fill out and mail the enclosed Account Closure form to your previous bank.

***Stop in to ask any questions, or just give us a call. We'll be glad to help. We're eager to serve you at Bluegrass Community Bank.***

\* Bluegrass Community Bank is not responsible for overdraft charges due to insufficient funds at your previous bank account.

# Account Balance Worksheet



This handy worksheet will help you determine how much to deposit into your new Bluegrass checking account. Use this worksheet to balance your old check register with the balance shown on the most recent account statement from your previous bank.

1. Enter the balance shown on your most recent checking statement. \$ \_\_\_\_\_

2. Enter deposits that do not appear on your most recent statement.  
(Be sure to include ATM and Direct Deposits.)

Date	Amount	Date	Amount	Date	Amount	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	+\$ _____

3. Add steps 1 and 2. Enter subtotal. =\$ \_\_\_\_\_

4. Subtract outstanding checks, transfers and withdrawals not shown on your most recent statement.  
(Be sure to include ATM withdrawals, debit card purchases, automatic payments and fees.)

Date	Check Number	Amount	Date	Check Number	Amount	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	-\$ _____

5. Subtract step 4 from step 3. This figure should match the checkbook register balance from your previous account. =\$ \_\_\_\_\_

## Check List

### *Direct deposits, pay checks, government checks*

- Payroll
- Retirement income
- Investment income
- Social Security
- Other

### *Automatic payments*

- Home mortgage
- Car payment
- Car insurance
- Home equity loan
- Student loan
- Health insurance
- Life insurance
- Credit cards
- Water bill
- Gas and electric
- Cable TV
- Online service
- Telephone
- Cell phone
- Investments and annuities
- Charitable contributions
- Subscriptions
- Dues and memberships
- Other

*This handy Check List will help you remember all the direct deposits and automatic payments that you need to transfer to your new Bluegrass account.*

*You might want to refer back to a few of your most recent bank statements to make sure you haven't overlooked anything.*



## **Locate these numbers next**

You will need the routing number and account number from your Previous Account and your new Bluegrass Account in order to completely fill out most of your forms.

The routing number is in the lower left corner of your check, between two symbols.

Your account number follows after a symbol.

Your check number may appear in this series of numbers. It will match the check number printed in the upper right corner.

# Direct Deposit Authorization



Take a copy of this form to *EACH* company making a direct deposit to your account. If your pay check is directly deposited, take a copy to your employer's Human Resources Director. We've included a standard Treasury Department form for your Social Security or other governmental direct deposits.

_____		
Last Name	First Name	
_____		
Street Address		
_____		
City	State	Zip
_____		
Work Phone	Home Phone	
_____		
Social Security Number		
_____		
Employer's Company Name	Phone Number	
_____		
Employee ID Number		

## Previous Account Information

_____	
Previous Account Number	Previous Bank Name
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

_____	
Previous Account Number	Previous Bank Name
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

## New Account Information

<b>Bluegrass Community Bank</b>		<b>083908608</b>
_____		_____
New Bank	New Routing Number	
_____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bluegrass Account Number _____		
Please make this change effective (date): _____		

*Attach  
a voided check  
from your new  
Bluegrass  
Community Bank  
account in  
this space.*

_____	_____
Signature	Date

# Automatic Payment Change Authorization



Make a copy of this form for *EACH* automatic payment you make from your previous account. Keep your old account open until you see *EACH* automatic payment made from your Bluegrass account.

_____ Company Name		
_____ Customer Name and Account Number		
_____ Last Name	_____ First Name	
_____ Street Address		
_____ City	_____ State	_____ Zip
_____ Work Phone	_____ Home Phone	
_____ Social Security Number		
		_____ Amount Withdrawn

*Attach  
a voided check  
from your new  
Bluegrass  
Community Bank  
account in  
this space.*

## Previous Account Information

_____ Previous Account Number	_____ Previous Bank Name
----------------------------------	-----------------------------

## New Account Information

<b>Bluegrass Community Bank</b>	<b>083908608</b>
_____ New Bank	_____ New Routing Number
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
_____ Bluegrass Account Number	
Please make this change effective (date): _____	

_____ Signature	_____ Date
--------------------	---------------

_____ Signature	_____ Date
--------------------	---------------

## DIRECT DEPOSIT SIGN-UP FORM

### DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A</b> NAME OF PAYEE ( <i>last, first, middle initial</i> )		<b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS ( <i>street, route, P.O. Box, APO/FPO</i> )		<b>E</b> DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER AREA CODE		<b>F</b> TYPE OF PAYMENT ( <i>Check only one</i> )	
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <span style="float: right;"><i>(specify)</i></span>	
<b>C</b> CLAIM OR PAYROLL ID NUMBER		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</i> )	
Prefix	Suffix	TYPE	AMOUNT
<b>PAYEE/JOINT PAYEE CERTIFICATION</b>		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> ( <i>optional</i> )	
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER									
	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px;">0</td> <td style="border: 1px solid black; padding: 5px;">8</td> <td style="border: 1px solid black; padding: 5px;">3</td> <td style="border: 1px solid black; padding: 5px;">9</td> <td style="border: 1px solid black; padding: 5px;">0</td> <td style="border: 1px solid black; padding: 5px;">8</td> <td style="border: 1px solid black; padding: 5px;">6</td> <td style="border: 1px solid black; padding: 5px;">0</td> <td style="border: 1px solid black; padding: 5px;">8</td> </tr> </table>	0	8	3	9	0	8	6	0	8
0	8	3	9	0	8	6	0	8		
	CHECK DIGIT									
	DEPOSITOR ACCOUNT TITLE									
<b>FINANCIAL INSTITUTION CERTIFICATION</b>										
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.										
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE									
TELEPHONE NUMBER	DATE									

Financial institutions should refer to the GREEN BOOK for further instructions.

**THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.**

### BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

### PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

### INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

<b>United States Treasury</b>		15-51 000	Check No. 0000 415785
	Month Day Year 08 31 84	AUSTIN, TEXAS	
	00 (C)	28 28	DOLLARS CTS \$****100 00
Pay to the order of	(A)	(F)	
			<b>NOT NEGOTIABLE</b>
:00000518: 041571926"			

### SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

### CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

### CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

### FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.



# Account Closure Form

To Whom It May Concern:  
Please close the account(s) listed below.

## Signer 1:

_____		
Last Name	First Name	
_____		
Street Address		
_____		
City	State	Zip
_____		
Social Security Number		
_____		
Work Phone	Home Phone	

## Signer 2:

_____		
Last Name	First Name	
_____		
Street Address		
_____		
City	State	Zip
_____		
Social Security Number		
_____		
Work Phone	Home Phone	

## Accounts to close:

_____	
Account Number	Account Type
_____	
Account Number	Account Type
_____	
Account Number	Account Type
_____	
Account Number	Account Type
_____	
Signature	Date
_____	
Signature	Date

*Please send a check  
for any funds remaining  
in these accounts  
to me at the address  
I've provided.*

*If there will be a  
penalty or closure fee,  
please contact me  
at the phone number  
I've provided.*

*You may call me  
with any questions.*

*Thank you.*