

Switch IT Kit



Switching bank accounts just got easier with Bank of Lexington's Switch IT Kit!

All you have to do is follow these simple steps:

- Fill out the New Account Information Form and drop it off at one of our branch locations or mail it to:

761 Corporate Drive

Lexington, KY 40503

6409 Polo Club Lane

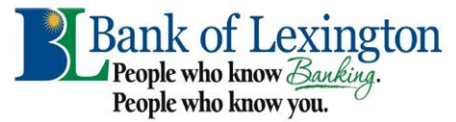
Lexington, KY 40509

We will contact you to start the new account process.

- Once your new account has been opened, you can start transferring any direct deposit or payments from your old bank account using the forms provided for you in this packet.
- Close your old account!

It is that simple! Make the switch today and see how

Bank of Lexington is the bank for you!



New Account Information Form

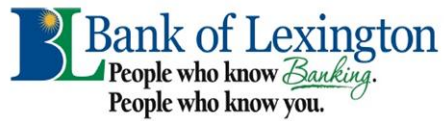
Complete the information below. Please note: when you visit Bank of Lexington, bring your Driver's license or government issued photo identification and a second form of ID, excluding debit or credit card.

Individual Applicant Information

First Name	Middle	Last Name
Street Address	Apt. #	
City	State	Zip Code
Social Security Number	Date of Birth	Mother's Maiden Name
Home Telephone Number	Work Phone Number	Cell Phone Number
Employer	Email Address	
Driver's License #	Issuing Date	Expiration Date

Joint Applicant Information

First Name	Middle	Last Name
Street Address	Apt. #	
City	State	Zip Code
Social Security Number	Date of Birth	Mother's Maiden Name
Home Telephone Number	Work Phone Number	Cell Phone Number
Employer	Email Address	
Driver's License #	Issuing Date	Expiration Date



Direct Deposit & Payment Checklist

Make switching your account easier with our direct deposit and payment checklist. With this checklist you can easily determine all of the payments and deposits that you want to be switched.

Direct Deposits:

- Payroll Direct Deposit
- Retirement/Pension Plans
- Government Deposits
- Other Deposits

Payments:

- Electric
- Gas
- Water
- Cable/Satellite
- Phone
- Mortgage Payments
- Loans
- Credit Card
- Insurance (Car/Home)
- Membership Dues
- Other



Payroll Direct Deposit Change Form

Complete this form and attach a voided check from your new account and provide it to your employer's Human Resources or Payroll Department. Please note your employer may require additional information or specific forms in order to complete the change.

Company Name

Company Address

City

State

Zip Code

Please change the account used for Direct Deposit of my net pay to my new bank account:

First Name

Middle

Last Name

Street Address

Apt. #

City

State

Zip Code

Social Security Number

Employer ID #

Phone #

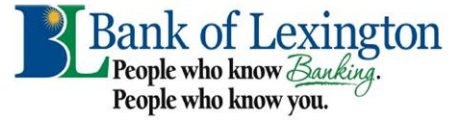
My New Account Information:

Account Type: Checking Savings

Account Number: _____ Routing Number: 042108517 _____

I hereby authorize my employer, _____ (company name) to deposit my paychecks directly to my Bank of Lexington account indicated above and to make any necessary adjustments for any credit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Signature: _____ Date: _____



Automatic Deposit Authorization Form

Complete this form and attach a voided check from your new account and provide it to any of your direct deposit companies. Please note other companies may require additional information or specific forms in order to complete the change.

Company Name		
Company Address		
City	State	Zip Code
Account Number	Payment Type	

Please change the account used for Direct Deposit to my new bank account:

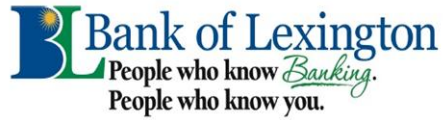
First Name	Middle	Last Name
Street Address		Apt. #
City	State	Zip Code
Social Security Number	Phone Number	

My New Account Information:

Account Type: Checking Savings
Account Number: _____ Routing Number: 042108517

I hereby authorize, _____ (company name) to make deposits to my Bank of Lexington account indicated above and to make any necessary adjustments for any credit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Signature: _____ Date: _____



Automatic Debit Change Form

Please complete this form for each company or organization where you have automatic payment. Once you have completed the form, mail directly to each company or organization. Please note the company initiating the payment, may require additional information or forms in order to complete the change.

Company Name

Company Address

City

State

Zip Code

Please change the account used for my automatic payment to my new bank account:

First Name

Middle

Last Name

Street Address

Apt. #

City

State

Zip Code

Social Security Number

Phone Number

My New Account Information:

Account Type: Checking Savings

Account Number: _____ Routing Number: 042108517 _____

Card Type: Credit Debit

Card Number: _____ Exp. Date: _____

I hereby authorize, _____ (payee/company name) to withdraw payments from my Bank of Lexington account indicated above and to make any necessary adjustments for any debits made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Signature: _____ Date: _____



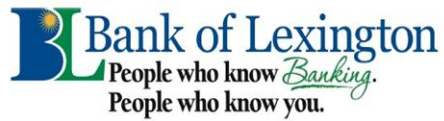
Account Closure Checklist

Before closing your existing bank account(s) it is important to review this checklist to make sure you have completed the following items:

- Have all checks and items cleared your existing bank account?
- Have you switched all automatic withdrawals and deposits to your new Bank of Lexington account?
- Have you destroyed any remaining checks or debit/ATM cards from your existing bank?

If you have completed all of the above items, you may proceed with your account closure.

Please feel free to call one of our Customer Service Representatives for any assistance at (859) 219-2900.



Close Account Request Form

Dear Sir or Madam:

Please accept this letter as authorization to close my account(s) listed below with your financial institution:

Account Number: _____
Account Type: Checking Savings
Other: _____

Account Number: _____
Account Type: Checking Savings
Other: _____

Please forward all remaining funds on deposit to:

Bank of Lexington
761 Corporate Drive
Lexington, KY 40503

Please advise Bank of Lexington to deposit the funds to my account:

Account Number: _____
Account Type: Checking Savings
Other: _____

Should you have any questions regarding the closure of my accounts, please feel free to call me.

Sincerely,

Print Name: _____

Signature _____ Date: _____