



# MAKE THE CHANGE TO MIDWEST

## NEW ACCOUNT SWITCH KIT CHECKLIST

**1. To Switch Your Checking And/Or Savings Account(s), Please Bring:**

- A voided check from your current checking account(s)
- A voided deposit slip from your current savings account(s)

**2. To Switch Automatic Bill Payments, Please Bring:**

- A payment coupon for mortgage as well as other loan payments
- Account number and billing address for other automatic payments

**3. To Switch a Direct Deposit, Please Bring:**

- A recent pay stub or deposit statement containing all payment information and a phone number for authorization



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## CONSUMER CHECKING ACCOUNT INFORMATION

**CHECK ALL BOXES THAT APPLY:**

- Individual Account
- Joint Account with Survivorship
- Payable on Death

Name of Primary Account Holder: \_\_\_\_\_

Name of Joint Account Holder: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different from physical address): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

**PRIMARY ACCOUNT HOLDER INFORMATION**

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**JOINT ACCOUNT HOLDER INFORMATION**

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**PAYABLE ON DEATH TO: (BENEFICIARIES)**

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

- Direct Deposit
- Debit Card to help you speed through checkout lines and get cash anytime\*
- Online Banking for accessing your account records anywhere in the world

*\*Subject to Approval*

# AUTHORIZATION TO CHANGE MY DIRECT DEPOSIT

Complete a separate form for each automatic payment



819 Business Hwy 60  
Dexter, MO 63841  
(573) 624-3571

Name of Direct Depositor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(name of entity depositing to your account -please print)

Depositor's Address: \_\_\_\_\_

I plan to close my checking account at: \_\_\_\_\_ Account #: \_\_\_\_\_  
(name of old financial institution)

Account Holder: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Effective Immediately, I authorize direct deposit to my new checking account at First Midwest Bank.

ATTN: Checking Services,

My new checking account # is: \_\_\_\_\_ The new routing transit # is 081501175

I have attached a deposit slip to verify the new account information.

Signature: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

\* All other direct deposit allocations will remain the same.

# AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT

Complete a separate form for each automatic payment



819 Business Hwy 60  
Dexter, MO 63841  
(573) 624-3571

Name of Direct Depositor: \_\_\_\_\_  
(Utility, Mortgage Lender, Investment Company, or Other Organization you wish to pay automatically from your checking account -Please Print)

Payee Address: \_\_\_\_\_

I plan to close my checking account at: \_\_\_\_\_ Account #: \_\_\_\_\_  
(name of old financial institution)

Account Holder: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Effective Immediately, I authorize direct deposit to my new checking account at First Midwest Bank.

ATTN: Checking Services,

My new checking account # is: \_\_\_\_\_ The new routing transit # is 081501175

I have attached a voided check to verify the new account information.

Signature: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

# AUTHORIZATION TO CHANGE MY FEDERAL GOVERNMENT DIRECT DEPOSIT

Complete a separate form for each automatic payment



819 Business Hwy 60  
Dexter, MO 63841  
(573) 624-3571

Name of Depositor: \_\_\_\_\_  
(name of entity depositing to your account -please print)

Depositor's Address: \_\_\_\_\_

I plan to close my checking account at: \_\_\_\_\_ Account #: \_\_\_\_\_  
(name of old financial institution)

Account Holder: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name of Payee (beneficiary) : \_\_\_\_\_ Social Security # of Payee: \_\_\_\_\_

Effective Immediately, I authorize direct deposit to my new checking account at First Midwest Bank.

ATTN: Checking Services,

My new checking account # is: \_\_\_\_\_ The new routing transit # is 081501175

I have attached a deposit slip to verify the new account information.

Type of Benefit (Check One):  Social Security  SSI Income  Railroad Retirement  VA Benefit  Civil Service

Signature: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

\* All other direct deposit allocations will remain the same.