

Switch to Peoples Exchange Bank We make it easy, every step of the way.

- 1. Set up your new account Fill out our New Account Information Form and we'll have everything we need to establish your account.
- 2. Close your old account(s) Our Account Closing Letter is all ready for you to fill in the blanks and sign; it notifies your old bank about the accounts you are closing and gives direction for disbursement of any remaining funds. If you have electronic bill payment at your old bank, bring us the list of your payees and we'll help you set them up.
- 3. Set up your Direct Deposits Simply send our Direct Deposit Request Forms to your employer or other payment source, so your funds can be quickly and automatically deposited to your accounts each pay period. And, if you already have your Direct Deposit going elsewhere, you can simply switch it to your new Peoples Exchange Bank account.
- 4. Switch over Automatic Payments Fill out and sign the Automatic Payment Cancellation Letters and send it to each of your vendors to switch any automatic payments so they'll come out of your new Peoples Exchange Bank account.

Peoples Exchange Bank is proud to have you as a new customer. Along with helpful staff at each of our branches, this Switch Kit will save you time and hassle by providing information during your switch to Peoples Exchange Bank.

If you should have any questions, please call 800-364-3631.



Please do not email any Switch Kit Forms. For security purposes return the completed form to a Peoples Exchange Bank branch or directly to the institution crediting or debiting your old account.







O Individual Account

NAME NAME STREET ADDRESS STREET ADDRESS (IF DIFFERENT) CITY, STATE, ZIP CITY, STATE, ZIP (IF DIFFERENT) MAILING ADDRESS) MAILING ADDRESS (IF DIFFERENT) HOME PHONE WORK PHONE EMAIL ADDRESS EMAIL ADDRESS PRIMARY ACCOUNT HOLDER INFORMATION JOINT ACCOUNT HOLDER INFORMATION SOCIAL SECURITY NUMBER SOCIAL SECURITY NUMBER		
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SOCIAL SECURITY NUMBER SOCIAL SECURITY NUMBER	JOINT ACCOUNT HOLDER INFORMATION	
DRIVER 'S LICENSE NUMBER EXPIRATION DATE DRIVER 'S LICENSE NUMBER EXPIRA	ATION DATE	
DATE OF BIRTH DATE OF BIRTH		
EMPLOYER EMPLOYER		
POSITION POSITION		
I would like to open: O Personal Checking O Savings Account O CD O IRA O Other Account O I/we would like an ATM/Debit Card. # of cards:		

○ Joint Account

O I/we would like transfer capabilities at the ATM and online.

O I/we would like free online access to account(s).

Please note that Primary and Joint account holders will need to sign an official account form in person at a Peoples Exchange Bank office before the account can be opened. For your own account security, we'll also need to photocopy your driver's license(s), or other forms of ID, so we can have it on file to accurately identify you in the future.

The purpose of this questionnaire is to begin the application process. All applications are subject to approval.





То:			
From: Primary A	ccount Holder	 	
Social Se	curity Number	 	
Seconda	ry Account Holder	 	
Address			
City , Stat	e, Zip		

Please close the following account(s) with your institution and send a check for the remaining balance(s) to my address:

ACCOUNT TYPE	ACCOUNT #	SEND PAYMENT AT ONCE	DEFER PAYMENT UNTIL CLOSE OF INTEREST PERIOD

If you have any questions regarding this request, please contact me in writing or at the phone number listed below. Thank you for your prompt assistance in this matter.

Sincerely,

Primary Account Holder Signature

Secondary Account Holder Signature

Date _____ Phone ____





From:
Address:
City, State, Zip:
SSN:

NOTE: For Social Security Direct Deposit, we can assist you with calling the Social Security Administration Direct Deposit Department at 1-800-772-1213 or by signing up online at www.ssa.gov/deposit/.

O Please send an automatic direct deposit to:

Peoples Exchange Bank
PO Box 4040
Winchester, KY 40392
859-744-9400, 800-364-3631

Bank Routing & Transit Number: 042106580

O Please discontinue sending my automatic direct deposit to:

Account #:

Please begin sending the same deposit to Peoples Exchange Bank.

Deposit \$	OR entire amount to Checking Account #:	
•	-	

Deposit \$ _____ OR entire amount to Savings Account #: _____

I authorize the above listed entity to initiate deposit of my funds to my Peoples Exchange Bank account. I authorize Peoples Exchange Bank to credit entries to my account. This authorization will remain in effect until I send written notice of change or cancellation.

I have attached a deposit slip to verify the account number.

Signature _____ Date _____

To





To:
From:
Address:
City, State, Zip:
Please be advised that I have recently changed banks and will need to have my automatic withdrawal switched from my old account to my new account with Peoples Exchange Bank. The automatic withdrawal is being applied to the following account, which I have with your organization.
Account # with Company:
Debit Amount:
I currently have my automatic debit coming out of the following account:
Previous Financial Institution:
Account #:
ABA Routing #:
As soon as possible, I would like this automatic debit redirected to my new account with Peoples Exchange Bank as follows:
Account #:
ABA Routing #: 042106580
If you have any questions, please call me at:
Signature Date