



Growing a Better Community

**Farmers Bank & Trust**



### Account Inventory Checklist

Use this page to help identify important information to make switching your account to Farmers Bank & Trust worry-free.

#### Farmers Bank Information

**Name & Address:** **Farmers Bank & Trust**  
**400 W. Main St.**  
**Blytheville, AR 72315**

**Routing Number:** **084101051**  
**Checking Acct Number:** \_\_\_\_\_  
**Savings Acct Number:** \_\_\_\_\_

#### Direct Deposit Information

Check if deposit applies	Automatic Deposits	Account Number	Amount	Date
	Employer(s) Payroll			
	Government Deposit (Social Security)			
	Pension(s)/Retirement Plans			
	Investments/Brokerage Deposits			
	Transfers from Other Bank Accounts (Savings to Checking, etc..)			
	Other			

#### Automatic Payments/Transfers

Check if withdrawal applies	Type of Automatic Payment or Transfer	Account Number	Amount	Date
	Mortgage / Rent			
	Car Payment			
	Insurance			
	Gas			
	Electric			
	Water			
	Phone			
	Cell Phone			
	Cable / Satellite			
	Garbage			
	Internet Provider			
	Credit Cards			
	Department Store Cards			
	Daycare			
	Investments			
	IRA / Retirement			
	Church or Non-Profit Contribution			
	Memberships / Subscriptions			
	Other			



Growing a Better Community

**Farmers Bank & Trust**



**How much money do I have available to deposit?**

This sheet will help you determine the amount of money you can deposit into your new Farmers Bank & Trust Account from your old account.

1. Former bank name: \_\_\_\_\_  
 Account # \_\_\_\_\_  
 Enter the current balance from your most recent statement: \$\_\_\_\_\_

List deposits that do not appear on the statement:

Date: _____	\$ _____
Date: _____	\$ _____
Date: _____	\$ _____
Date: _____	\$ _____

Add your current balance and recent deposits together (1)

2. List all outstanding checks, withdrawals and any automatic deductions that do not appear on your statement:

Description: _____	Date: _____	\$ _____
Description: _____	Date: _____	\$ _____
Description: _____	Date: _____	\$ _____
Description: _____	Date: _____	\$ _____
Description: _____	Date: _____	\$ _____
Description: _____	Date: _____	\$ _____

Add up these outstanding items: (2)

**THIS IS THE AMOUNT YOU SHOULD  
LEAVE IN YOUR FORMER ACCOUNT**

3. Subtract Amount 2 from Amount 1.      Amount from(1)\$ \_\_\_\_\_  
 Amount from(2)\$ \_\_\_\_\_

**THIS IS THE AMOUNT YOU CAN DEPOSIT  
INTO YOUR NEW FARMERS BANK & TRUST ACCOUNT**

**Automatic Payment / Direct Deposit  
Switch Form**



\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
City / State

\_\_\_\_\_  
Zip Code

**SWITCHING MY AUTOMATIC  
PAYMENTS / DIRECT DEPOSITS**

I have recently changed banks and would like to have my transactions with your company changed to my new account. Please discontinue transactions from my old account and begin using my new Farmers Bank & Trust Account.

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

Sincerely,

\_\_\_\_\_  
Authorized Signature Date  
(original signature required to authorize change)

\_\_\_\_\_  
Name Phone

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

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

\_\_\_\_\_  
Former Bank Name:

\_\_\_\_\_  
Routing Number:

\_\_\_\_\_  
Account Number:

New Bank Name: Farmers Bank & Trust

Routing Number: 084101051

Account Number: \_\_\_\_\_

*\*\*Attach a voided check from your new account at Farmers Bank & Trust to this form*

**Existing Account Closing Notification**



\_\_\_\_\_  
Former Bank Name

\_\_\_\_\_  
Former Bank Address

\_\_\_\_\_  
City / State

\_\_\_\_\_  
Zip Code

**CLOSE MY ACCOUNTS**

I have recently changed banks and would like you to close the account listed below:

\_\_\_\_\_  
Account Name Account Number

\_\_\_\_\_  
Social Security Number on Account

\_\_\_\_\_  
Secondary Name on Account

**PLEASE FORWARD ALL REMAINING FUNDS TO:**

Farmers Bank & Trust, 400 W. Main St.,  
Blytheville, AR 72315

Directly to me at the address listed below:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / State

\_\_\_\_\_  
Zip

Thank you for your attention to this matter.

\_\_\_\_\_  
Primary Authorized Signature Date  
(original signature required to authorize change)

\_\_\_\_\_  
Secondary Authorized Signature Date  
(original signature required to authorize change)