



Automatic Payment Request

(Complete this form and send to any organization who automatically debits your checking account)

Effective ___/___/___, I authorize _____ to change the checking account from which automatic payments are debited to the following Farmers Bank of Green City account:		Name: _____
		Address: _____
	Routing Number: 101918169	City, State, Zip: _____
	Account Number: _____	Account # _____
	Account Type: Checking/Savings	
_____	_____	Thank you for Banking with Farmers Bank of Green City! Everybody is somebody to us!
Date	Signature	

Direct Deposit Authorization

(Complete this form and send to your employer or other entity)

Effective ___/___/___, I authorize _____ to change the checking account from which automatic payments are debited to the following Farmers Bank of Green City account:		Name: _____
		Address: _____
	Routing Number: 101918169	City, State, Zip: _____
	Account Number: _____	Account # _____
	Account Type: Checking/Savings	
_____	_____	Thank you for Banking with Farmers Bank of Green City! Everybody is somebody to us!
Date	Signature	



Change Form

Name(s) on Account _____

Account(s) Number _____

Specify account changes you are wishing to have done:

Examples of changes: close account, account type, name changes, address changes etc.

Authorized Signature _____ Date _____

Please print this form, sign it and mail or deliver to:
Farmers Bank of Green City
PO Box 7
Green City, MO 63545

Verified By: _____ Date _____	The FDIC logo is a small, dark rectangular box with the letters 'FDIC' in white, bold, sans-serif font.
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