

Open Your First Harrison Personal Bank Account



Your First Harrison Bank Quick Change Kit

This Quick Change Kit has five simple steps, and we'll take care of them all for you. To verify your identity, just stop by your preferred First Harrison Bank branch with a primary or secondary ID (see examples on the right).

PRIMARY ACCOUNT OWNER

Name: _____ SSN: _____

Type of Account: Checking Savings

Home Address: _____

County of Residence: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____ Date of Birth (mm/dd/yy): _____

Email Address: _____

Current or Former Occupation/Employer: _____

Amount of Initial Deposit: \$ _____

Type of Deposit: Cash Check Wire Transfer

PATRIOT ACT VERIFICATIONS

Primary ID — U.S. Government or U.S. state-issued ID with a photo

Examples:

- Unexpired Driver's License
- Passport
- Green Card
- State ID Card
- U.S. Military ID

If the customer does not have a primary ID, two of the following may be used:

- Vehicle Registration
- Medicare or Medicaid card
- W-2 or Federal Tax Return
- State/Local Tax Return
- Bank Statement (less than 60 days old)
- Major Credit Card Statement
- Utility Bill

Primary Account Activity (check one)

- Cash Debit Card
- Check ACH (E-Transaction)

JOINT ACCOUNT OWNER

Name: _____ SSN: _____

Home Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Date of Birth (mm/dd/yy): _____ Email Address: _____

Current or Former Occupation/Employer: _____

KEEP IT *EASY*. KEEP IT *LOCAL*.

Payroll Direct Deposit Authorization



TRANSFER OF PAYROLL TO YOUR NEW FIRST HARRISON ACCOUNT

Use this form to request the direct deposit of your pay into your new account. You will need to provide any other additional information and authorization your employer needs to initiate your deposit. If you have any questions about this process, contact your employer's payroll or HR department.

DIRECT DEPOSIT AUTHORIZATION:

I hereby authorize (company name) _____, hereinafter called COMPANY, to make payment of any amount owed to me for payroll by initiating credit entries to my account indicated below at First Harrison Bank, and I authorize and request that First Harrison Bank accept credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof. It is understood that in signing this agreement, I allow COMPANY to initiate a reversal of the described payment entry in the event of an error in calculation or overpayment.

Employee Name: _____

Address: _____ City, State, ZIP: _____

Checking Account #: _____ Routing #: **083913033**

I further understand that I may terminate this authorization at any time by written notification to my employer or First Harrison Bank. Any such notification to my employer shall be effective only with respect to entries initiated by my employer after receipt of such notification and a reasonable time to act on it.

Account Owner: _____

Signature: _____ Date: _____

Other Direct Deposit Authorizations



TRANSFER OTHER DIRECT DEPOSITS INTO YOUR ACCOUNT

Use the forms below to transfer any other direct deposits to your new First Harrison Bank account. Your original signature is required on each form to authorize the transfer of direct deposits from your current bank.

DIRECT DEPOSIT AUTHORIZATION

Please consider this request, indicated by my original signature, as a formal order to forward any pending or future payments to my new account with:

First Harrison Bank
220 Federal Dr. NW
PO Box 130
Corydon, IN 47112

Please contact a customer care representative at **800-390-1465** if additional information is needed.

Company: _____

Company Address: _____

Account Number (with company): _____

Your Name: _____

Your Address: _____

First Harrison Bank Routing Number: **083913033**

My New Account Number: _____

Signature : _____ Phone: _____



DIRECT DEPOSIT AUTHORIZATION

Please consider this request, indicated by my original signature, as a formal order to forward any pending or future payments to my new account with:

First Harrison Bank
220 Federal Dr. NW
PO Box 130
Corydon, IN 47112

Please contact a customer care representative at **800-390-1465** if additional information is needed.

Company: _____

Company Address: _____

Account Number (with company): _____

Your Name: _____

Your Address: _____

First Harrison Bank Routing Number: **083913033**

My New Account Number: _____

Signature : _____ Phone: _____



Close Your Old Account



Use this form to authorize the transfer of your funds and the closure of your current accounts.

CUSTOMER INFORMATION

Account Owner Name: _____ SSN: _____

Joint Owner Name: _____ SSN: _____

TRANSFER MY ACCOUNT FROM

Name of Institution: _____

Address: _____

Account #(s): _____

TRANSFER INFORMATION *

- Transfer \$ _____
- Transfer the entire amount and close the account.
- Make this transfer immediately.
- Make this transfer on __ / __ / __.
- Other: _____

PLEASE TRANSFER MY FUNDS TO:

First Harrison Bank
220 Federal Dr. NW
PO Box 130
Corydon, IN 47112

*ACH transfers may incur fees. Talk with your First Harrison Account Specialist for details.

I hereby direct you to complete the requested transfer from my existing account to my new account at First Harrison Bank. **Please make the check payable to and note on your check that it is for deposit to First Harrison Bank into the following account:**

MY NEW ACCOUNT NUMBER:

CUSTOMER APPROVAL & AUTHORIZATION

First Harrison Bank will not charge you a fee if your current financial institution sends your funds electronically. Ask your current financial institution about the fees they may charge you for sending it to us.

Account Owner Signature: _____ Date: _____

Joint Owner Signature: _____ Date: _____

KEEP IT *EASY*. KEEP IT *LOCAL*.



Automatic Payment Transfers



TRANSFER OF AUTOMATIC PAYMENTS FROM YOUR OLD BANK ACCOUNT.

Please complete a form below for each automatic payment you want to transfer from your old account to your new First Harrison Bank account. **Your original signature is required on each form to authorize the transfer from your current bank.**

TRANSFER OF AUTOMATIC PAYMENT

Please consider this request, indicated by my original signature, as a formal order to forward any pending or future payments to my new account with:

First Harrison Bank
220 Federal Dr. NW
PO Box 130
Corydon, IN 47112

Please contact a customer care representative at **800-390-1465** if additional information is needed.

Payee: _____

Payee Address: _____

Account Number (with company): _____

Your Name: _____

Your Address: _____

First Harrison Bank Routing Number: **0 8 3 9 1 3 0 3 3**

My New Account Number: _____

Signature : _____ Phone: _____



TRANSFER OF AUTOMATIC PAYMENT

Please consider this request, indicated by my original signature, as a formal order to forward any pending or future payments to my new account with:

First Harrison Bank
220 Federal Dr. NW
PO Box 130
Corydon, IN 47112

Please contact a customer care representative at **800-390-1465** if additional information is needed.

Payee: _____

Payee Address: _____

Account Number (with company): _____

Your Name: _____

Your Address: _____

First Harrison Bank Routing Number: **0 8 3 9 1 3 0 3 3**

My New Account Number: _____

Signature : _____ Phone: _____

