

Direct Deposit Authorization Form

Fill in the information below and take the completed form along with a voided check from your Community Bank & Trust account to your company's Payroll Department.

(please print)

Company Name _____

Employee Name _____

Address _____

City _____ State _____ Zip _____

Social Security # _____ Date of Birth _____

Bank Routing # 101202257 Phone Number _____

My Community Bank & Trust Checking Account # _____

I hereby authorize and request you to: Deposit my pay each pay period, effective immediately, and begin depositing to the above account number.

Additional Direct Deposit to:

CKG/SAV Account # _____ Amount _____

(circle one)

CKG/SAV Account # _____ Amount _____

(circle one)

Signature of employee _____ Date _____

If you receive a Social Security or Government Check, the easiest way to enroll in Direct Deposit is to call the numbers below:

For Social Security/SSI Checks: 1-800-772-1213

For Veterans Benefits: 1-800-827-1000



Direct Payment, Withdrawal or Transfer Worksheet

To add or change direct payments or transfers from your old account, you'll need to contact each payee. To make that process easier and ensure you have all the required data ready, fill in the information below and on the reverse side before contacting payees.

(please print)

Your Name _____ SSN _____

Address _____

City _____ State _____ Zip _____

Some payees may be able to set up recurring payments and transfers using your Community Bank & Trust Debit Card number and expiration date. This is the easiest way to make recurring payments and transfers.

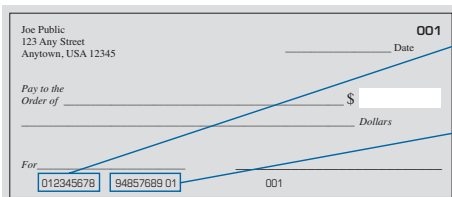
Your Community Bank & Trust Debit Card number and expiration date can be found on the front of your card.



Your Community Bank & Trust Debit Card Number _____

Your Community Bank & Trust Debit Card Expiration Date _____

Other payees will require that you provide your Community Bank & Trust account number and our bank routing number. Both numbers can be found on a Community Bank & Trust check. See sample below:



Your Community Bank & Trust routing Number 101202257

Your Community Bank & Trust account Number _____

Fill out the information below before contacting payees.

(check one) Add Change

Payee Name _____

Account Number with Payee _____

Web Address _____ Phone Number _____

(check one) Add Change

Payee Name _____

Account Number with Payee _____

Web Address _____ Phone Number _____



Be sure to contact your payees once you complete this form.

Direct Payment, Withdrawal or Transfer Authorization Form

This form is provided for your convenience; however, some businesses may require that you use specific forms that they have designed. You may wish to check with them prior to making your request.

(please print)

Date _____

Company Making Withdrawal _____

Address _____

City _____ State _____ Zip _____

To Whom It May Concern: You are currently withdrawing \$ _____

(circle one) weekly/bi-weekly/monthly/annually from the following account:

Previous Financial Institution _____

Bank Routing Number _____

Financial Institution Account Number _____

Please stop making withdrawals from that account effective _____ and instead make them from: Community Bank & Trust

100 S. Wood Street, Neosho, MO 64850

The Community Bank & Trust Routing Number: _____ 101202257

The Community Bank & Trust Account Number: _____

(indicate if account number is for checking or savings) checking savings

If you have questions about this request, please contact me during the day/evening (circle one)

at _____ (phone number)

Signature _____

Name _____ (please print)

Address _____

City _____ State _____ Zip _____

Attach voided check from your new account, if applicable.

Close Account

Closing your checking and/or savings account(s) or online bill pay at your current bank may require that you use specific forms that they have designed. Please fill out the information listed below and submit to the bank where you are closing the account.

(please print)

Financial Institution's Name _____

Address _____

City _____ State _____ Zip _____

To Whom It May Concern:

Effective _____, please close the following account(s) and send a
(date)

check for the remaining balance(s) to me at the address on file.

Primary Checking Account Number _____

Secondary Checking Account Number _____

Savings/Money Market Account Number _____

Additional Savings Account Number _____

If you have questions about this request, please contact me during the day/evening

(circle one)

at _____.

(phone number)

Signature(s) _____

Date _____

