

Automatic Payments/Transfers Change Form

Complete the following information and send to your Payees (Merchants) in order to change your automatic payment/transfer to or from your new Bank of McKenney account.

Customer Name: _____

Customer Address: _____

SS#: _____ Customer contact numbers: _____

To: _____
Payee - Company Name & Address (i.e. Dominion Power, utilities comp,etc.)

Address: _____

Name of Company or Organization: _____

My Account # _____
Account Number with the company indicated above

Beginning _____, please use this account for my automatic withdrawal:
Date

Bank of McKenney
Routing Number : 051403931

Account #: _____

_____ Checking _____ Savings

The amount of my monthly payment/transfer is:

\$ _____

Variable

Signature: _____ Date: _____

Bank of McKenney

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www.bankofmckenney.com
804.478.4433

Direct Deposit Change Form

Complete the following information and send to your employer in order to change your direct deposit to your new Bank of McKenney account.

Customer Name: _____

Customer Address: _____

SS#: _____ Customer contact numbers: _____

To: _____
Employer - Company Name

Address: _____

I would like to redirect the deposit of my paycheck(s) as follows:

Stop depositing pay into Account # : _____

Held at _____
Institution

Begin depositing pay into: Bank of McKenney
Routing Number : 051403931

Account #: _____

Effective Date: _____

Signature: _____ Date: _____

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Request to Close Account

Complete a copy of this form and send to your former bank.

Please close the following account(s) and send remaining balances to the address below:

Financial Institution: _____

Account #1: _____ Account #2: _____

Account #3: _____ Account #4: _____

Account Holder's Name: _____

Joint Account Holder's Name: _____

Address: _____

Primary Phone #: _____ Alternate Phone #: _____

Account Holder's Signature: _____ Date: _____

Joint Account Holder's Signature: _____ Date: _____

I have arranged to switch all direct deposits and automatic debits associated with this account, and will verify that outstanding payments have cleared.

Thank you.

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Direct Deposit — U.S. Treasury

Return Completed Form to Bank of McKenney-Operations Department

- New Enrollment
 Change in Financial Institution
 Change in Account Information

Name of the Customer (Payment Recipient)

Customer Name: _____

SS#: _____

Type of Payment (Select One):

Generally, to receive the next month's payment by Direct Deposit, the enrollment should be transmitted as follows:

Type of Benefit Payment

- Social Security
- Supplemental Security Income (SSI)
- Veterans compensation and pension
- Veterans Education MGIB
- Veterans Education/Selected Reserve
- Veterans Life Insurance
- Veterans Vocational Rehabilitation and Employee Benefits
- Civil Service retirement annuity
- Civil Service survivor annuity
- Railroad Retirement annuity
- Railroad unemployment/sickness

Transmitted by:

- The 15th of the month
- The 10th of the month
- The 10th of the month
- Anytime of the month
- Anytime of the month
- Anytime of the month
- The 15th of the month
- The 15th of the month
- The 15th of the month
- The 15th of the month
- Anytime of the month

Representative Payee Indication

Some individuals are entitled to receive benefits on the account of other individuals or on behalf of beneficiaries incapable of handling their own financial affairs. Please check below if you are the Representative Payee for another individual and print the name of the Individual.

No ____ (0) —OR— Yes ____ (1) Name of Individual _____

Account Information Account Number: _____

Account Type: Checking _____ (Code 22)

Savings _____ (Code 32)

Signature of Payment Recipient /Rep. Payee _____ Date _____

Branch: _____ Date Received: _____

Branch Signature: _____

Ops Received: _____ Ops Processed Date/By: _____

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