

Experience the Magnolia Way

Switching banks can be easy....

Start your new account relationship with us today! Follow the quick and easy steps below and you will soon be enjoying the benefits of banking the Magnolia Way!

1. Open A Magnolia Bank Account

Stop into one of our convenient banking center locations and open your new account today.

2. Redirect Your Automatic Payments & Deposits

Complete the Direct Deposit Form(s).

Complete the Automatic Withdrawal Form to redirect any automatic payments you currently have established.

3. Close Your Old Account

After all outstanding transactions have cleared your old account, complete the Account Closure Form.

If you need assistance, please call 270.358.3111 or e-mail us at customerservice@magnoliabank.com. Always feel free to stop by one of our banking centers for in-person support.

To fully experience the Magnolia Way, let us do the work for you by completing the steps above. All you have to do is bring in 3 months of bank statements from your old account & sign!







New Account Information

For a quick start, provide this completed worksheet to one of our convenient locations to open your new account. A separate worksheet should be completed for each person on the account.

*To protect your confidential information, please do not e-mail or fax this worksheet. To utilize our secure e-mail service, ask us for details.

	Home Phone Number	
	Mobile Phone Number	
	E-mail Address	
	Date of Birth	
	Social Security Number or EIN	
	Employer Name/Occupation	
By signing below, you a (or a minor's) through	authorize Magnolia Bank to review your banking history ChexSystems	
Checking Acco	ount 🔲 Safe Deposit Box	
Direct Deposit	Savings/Money Market	
🖵 \$wipe-N-\$ave	Certificate of Deposit	
🛯 Visa Credit Car	rd 🖵 Loans/Mortgage	
Online Banking	g Services 🔲 Business Account/Services	
	(or a minor's) through Checking Acco Direct Deposit \$wipe-N-\$ave Visa Credit Cal	







Direct Deposit Authorization Form

Complete this form for each direct deposit received, provide the form to your employer or vendor authorized to make automatic deposits to your checking account. Or, bring in your last 3 months of bank statements and we'll complete these forms for you!

l,	Your Name or Company Name		, hereby authorize my direct deposit	
to be c	nanged from my current of	checking account #:	Current Account Number	
at	Current Financial Institution		to my new account with Ma	gnolia Bank
listed b	pelow:			
	Name of Account	Holder:		
	Account Number:			
	ABA Routing Num	ber: 083906888		
	Effective Date:			
🗅 l'd l	ike a portion of my depos	it to go:		
	Checking	Savings		
	Account Number:			
	Amount/Percent to	be deposited:		
	Checking Account Number:	Savings		
	Amount/Percent to	be deposited:		

Magnolia Bank: P.O. Box 188, Hodgenville, KY 42748

Thank you for your attention to this matter.

Customer Signature





Automatic Withdrawal Form

Complete the information below for each company or organization with whom you have arranged for automatic withdrawal. Upon completion, mail the form directly to the company. Or, bring in your last 3 months of bank statements and we'll complete these forms for you!

Company:		
Account Number:		
I,Your Name or Compan	, here	by authorize my automatic withdrawal
in the amount of \$	to be changed from my cu	rrent checking
account #:	atCurrent Fina	ncial Institution
Magnolia Bank account listed belov	/:	
Checking Account Number:		
ABA Routing Number: <u>083906883</u>	3	
Effective Date:		
Amount to be withdrawn: \$		
Date of next payment:		
Magnolia Bank: P.O. Box 188, Hodg	enville, KY 42748	
If you have any questions, please fe	el free to contact me at.	
Thank you for your attention to this	s matter.	

Customer Signature

Date





Account Closure Form

Complete this form and mail directly to your current bank to close your account(s) after all outstanding transactions have cleared.

To Whom It May Concern:

I hereby request the following account(s) with you be closed:

Account Type:	Checking	Savings		
Account Number				
Account Type:	Checking	Savings		
Account Number				
Account Type:	Checking	Savings		
Account Number				
Please send any rema	ining funds in the	account(s) via a cashie	r's check to:	
Name				
Mailing Address				
City. State. Zip				
Thank you for your at	tention to this rea	uest.		
Primary Account Holde	r Signature		Date	

Secondary Account Holder Signature

Date

