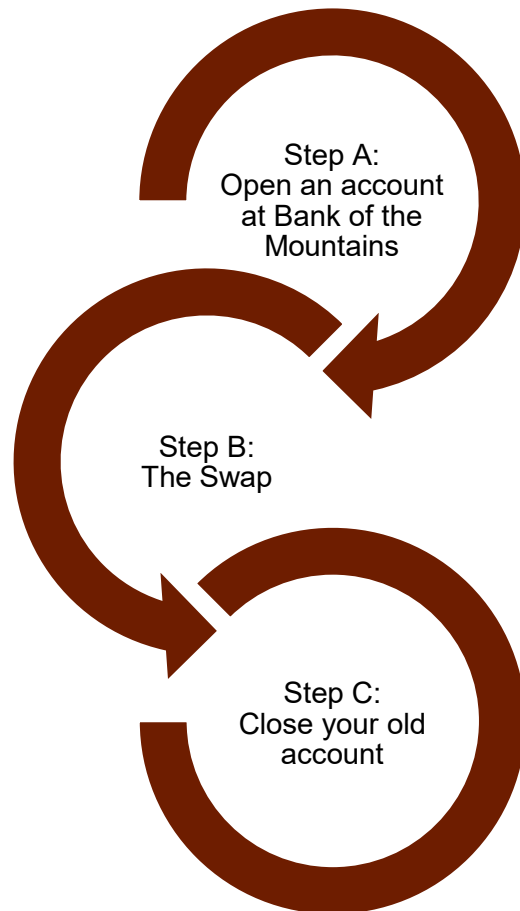


**Bank Swap!!!
Are you ready to
make the swap?!**

Make the swap today!

Your time is important to us, so make the most of it. Using our Bank Swap makes swapping banks a breeze!

It's easy as A-B-C...



That's it! Easy as pie! Swap to Bank of the Mountains today!

Local People...

Local Decisions...

Local Commitment!

A "Real" Community Bank

PO Box 309 West Liberty, KY 41472

West Liberty. Index. Ezel



Bank Swap Instructions

Any questions?!
Call and ask one of our
friendly New Account
Representatives today!!

- A.) Stop by one of our three convenient locations today, speak to one of our friendly New Account Representatives about the best account to suit your own personal needs, and open a new account.
- B.) Mail or drop off a completed direct deposit authorization form to each business entity that makes direct deposits to your bank account (i.e. payroll). When doing this please include a voided Bank of the Mountains check. If you receive government deposits into your account (i.e. SSI), one of us can help you get in contact with them.
- C.) Mail or drop off a completed automatic payment change form to each entity that you pay automatically from your bank account (i.e. phone bill, electric bill). When doing this please include a voided Bank of the Mountains check.
- D.) All entities have their own set of guidelines when it comes to switching your bank account information. Please allow up to 30 days for all direct deposits, and automatic payments to be switched to your new Bank of the Mountains account.
- E.) Ensure that all outstanding checks have cleared your previous bank account. Also, that all direct deposits, and automatic payment deductions are coming in and going out of your new Bank of the Mountains account.
- F.) Mail a completed account closure form to your old bank.

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Information needed to complete the Bank

Swap:

BOTM Account Information

New Account #: _____

New Routing #: 042101750

Prior Bank Information:

Bank Name: _____

Address: _____

Old account #: _____

Old routing #: _____

List Your Direct Deposits:

(I.e. payroll, social security, retirement, etc.....)

1.) Depositor's Name: _____

Address: _____

Phone #: _____

2.) Depositor's Name: _____

Address: _____

Phone #: _____

List Your Automatic Payments:

(I.e. electric, phone, cell phone, TV, insurance payments, car payment, Etc.....)

1.) Business Entity: _____

Address: _____

Phone #: _____

Amount & Account #: _____

2.) Business Entity: _____

Address: _____

Phone #: _____

Amount & Account #: _____

3.) Business Entity: _____

Address: _____

Phone #: _____

Amount & Account #: _____

4.) Business Entity: _____

Address: _____

Phone #: _____

Amount & Account #: _____

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Direct Deposit Change Form

Complete a separate form for each direct deposit, and then mail it to those entities being deposited into your account. Photocopy the form if necessary.

Name of direct Depositor: _____

(Please print the name of the entity depositing into your account)

I will be closing my account at _____

(Name of old financial institution)

Old Account #: _____ Old Bank Routing #: _____

Account holder(s): _____

I _____ hereby authorize the automatic payment from my new

(Print Name)

account at Bank of the Mountains. Any questions regarding this change may be directed to Bank of the Mountains, Customer Service, PO Box 309, West Liberty, KY 41472. Telephone (606) 743-3141.

New checking account #: _____ New savings account #: _____

Bank of the Mountains Routing #: _____ 042101750 _____

Signature(s) _____ Date: _____

Phone #: _____

Make sure to attach a
Voided check to this form!

Automatic Payment Change Form

Complete a separate form for each automatic payment, and then mail it to those entities being paid. Photocopy the form if necessary.

Name of payee: _____

(Please print the name of the entity you wish to pay automatically)

Account # with company: _____

(Your account number with the company should be on the last bill)

I will be closing my account at _____

(Name of old financial institution)

Old Account #: _____ Old Bank Routing #: _____

Account holder(s): _____

I _____ hereby authorize the automatic payment from my new

(Print Name)

account at Bank of the Mountains. Any questions regarding this change may be directed to Bank of the Mountains, Customer Service, PO Box 309, West Liberty, KY 41472. Telephone (606) 743-3141.

New checking account #: _____

Bank of the Mountains Routing #: 042101750

Signature(s) _____ Date: _____

Phone #: _____

Make sure to attach a
Voided check to this form!

Account Closure Notification

Date: _____

Bank Name: _____

To Whom It May Concern;

This letter is to serve as authorization and notification that I wish to close the following accounts. Please send a check for the remaining balance to the address listed below.

Account #: _____ Checking Savings

Account #: _____ Checking Savings

Account #: _____ Checking Savings

Account #: _____ Checking Savings

If you have any questions pertaining to this request, please contact me at the following phone number(s). Thank you.

Home Phone #: _____ Day Evening

Cell Phone #: _____ Day Evening

Sincerely,

Account Holder Signature(s) _____

Account Holder Name(s) _____

(Please Print)

Address _____

City _____ State _____ Zip _____