Making the switch to better banking today!

You can make the move to Elkton Bank & Trust Co in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to Elkton Bank & Trust Co, where you'll enjoy a better experience for all your banking needs!

1

Open your new account.

Apply online in minutes or visit your local branch to open your new Elkton Bank & Trust Co account(s).

2

Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to Elkton Bank & Trust Co.

3

Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to Elkton Bank & Trust Co.





Direct Deposit Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your Elkton Bank & Trust Co account. Use one form for each direct deposit.

Notification of D	irect Deposit A	uthorization	Change
Company or Employer:			
Address:			
City, State, Zip:			
Phone Number:			
Employee ID: (if applicable)			
Effective immediately, ple	ease deposit the net am	nount of my check to	o my Elkton Bank & Trust
Co account. I authorize (r	name of depositor)		
to automatically deposit f	funds into the account l	below. This authoriz	ation shall remain in
place until I have submitte	ed a new authorization,	or until this authoriz	ation is changed or
revoked by me in writing.			
Place an X next to your desire	ed option.		
Net amount	to Elkton Bank & Trus	t Co CHECKING	
Account #		Routing	# 083902727
Net amount	to Elkton Bank & Trus	t Co SAVINGS	
Account #		Routing	# 083902727
Signature:			Date:
Name:			
Address:			
City, State, Zip:			
Phone Number:			

Direct Deposit Checklist:

Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits.

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___ Retirement Plans

____ Social Security





Automatic Withdrawal Authorization

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You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record online on their website.

Notification of Withdrawal Authorization Change			
Name of Company:			
Account Number:			
Payment Amount:			
Address:			
City, State, Zip:			
Phone Number:			
Please cancel all automati	c withdrawals from my ol	d institution:	
Financial Institution:			
Account #		Bank Routing#	
Please make all future auto	omatic withdrawals from r	my new institution:	
Financial Institution:	Elkton Bank & Trust C	0	
Account#		Bank Routing #	083902727
This authorization will remain			ation, or until you have been
Signature:			Date:
Name:			
Address:			
City, State, Zip:			
Phone Number:			

Automatic Withdrawal Checklist:

Use this list to remember all your automatic payments you need to transfer. These are some of the most commonly used automatic payments.

 Home N	∕lortgage

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Account Closure Authorization

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You can authorize your remaining balance to be deposited automatically to your new Elkton Bank & Trust Co account(s) or paid by a check forwarded to your mailing address.

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

Notification of Account Closure Authorization						
To Whom It May Concern:						
Financial Institution:						
Address:						
City, State, Zip:						
Please close my account:						
Account Number:	Primary Owner:					
Address:						
City, State, Zip:						
Please send the remaining I						
Place an X next to your desired op						
Please deposit d Account #	irectly to my new account at Elkton Bank & Trust Co. Routing # 083902727					
Please forward me a check to my address listed below.						
Primary Signature:	Date:					
Joint Signature:	Date.					
Name:						
Address:						
City, State, Zip:						
Phone Number:						
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Congratulations!

You had to sign your name a few times... but submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a local partner makes.

Welcome to Elkton Bank & Trust Co!



