



Switching to THE BANK–Oldham County, Inc. has never been easier or quicker. Our switch kit includes a Close Account Request, Debit Change Form and Payroll Deposit Form to ensure any existing direct deposits or automatic payments will easily be transferred to your new THE BANK–Oldham County, Inc. account.

- Fill out the “Close Account Request” and mail or drop off at your old bank.
- Fill out the “Automatic Account Debit Change Authorization Form” for every automatic debit that you will have deducted from your new THE BANK–Oldham County, Inc. account.
- To authorize your Direct Deposit of your payroll check, simply fill out and sign the “Payroll Deposit Change Form” and attach a voided check from your new THE BANK–Oldham County, Inc. account and give to your employer’s Human Resources or Payroll Department.

Or stop by any of THE BANK–Oldham County, Inc. offices and we’ll fill out all of the forms for you or call us at (502) 222-2100.



Close Account Request

Name _____

Address _____

City/State/Zip _____

Social Security # _____

I hereby request that the following account(s) be closed.

Account # _____

Type : Checking Savings

Other _____

Account # _____

Type : Checking Savings

Other _____

Account # _____

Type : Checking Savings

Other _____

Account # _____

Type : Checking Savings

Other _____

Please mail all remaining funds to the address shown on my account.

Signature _____

Date _____

If there will be a penalty or fee, please contact me at

Phone # _____



Debit Change Form
Automatic Account Debit Change Authorization Form

Name of Service Provider _____

Customer Name _____

Address _____

City/State/Zip _____

Social Security # _____

I hereby authorize my automatic withdrawal in the amount of \$ _____
to be changed from my current checking account # _____ at
(financial institution) _____ to my
THE BANK–Oldham County, Inc. account(s) listed below.

Checking Account # _____

ABA Routing # _____

Effective Date: _____

Amount to be withdrawn: \$ _____

Signature _____

Date _____

(Please attach a voided check to this form. Do not attach a deposit slip)



Payroll Deposit Form

Payroll Deposit Change Form

To be given to your employer's Human Resources or Payroll Department

Name _____

Address _____

City/State/Zip _____

Social Security # _____

Employee # (if applicable) _____

I hereby authorize direct deposit of paycheck to be changed from my current bank account # _____ at (financial institution) _____ to my new THE BANK–Oldham County, Inc. account(s) listed below.

Checking Account # _____

Amount/Percent to be deposited \$ _____

Savings Account # _____

Amount/Percent to be deposited \$ _____

Effective Date _____

ABA Routing # _____

Signature _____

Date _____

(Please attach a voided check to this form. Do not attach a deposit slip)