

Both Forms Must be submitted to Farmers Bank and Trust Company by: Delivering to any of our locations or Mailing to Farmers Bank and Trust Company, PO BOX 151, Marion, KY 42064-0151 Attn: E-Services

COMBINED STATEMENT ENROLLMENT FORM

Date:				
Name:				
Address:				
TIN (SSN):				
Primary Account:				_
Account Type:	□CHECKING	□SAVINGS	□CHRISTMAS CLUB*	
Secondary Accounts:				
Account Type:	CHECKING	SAVINGS	CHRISTMAS CLUB*	
Secondary Accounts:				
Account Type:	CHECKING	SAVINGS	□CHRISTMAS CLUB*	_
Secondary Accounts: Account Type:	CHECKING	SAVINGS	CHRISTMAS CLUB*	_
51				
Secondary Accounts:				
Account Type:	□CHECKING	□SAVINGS	□CHRISTMAS CLUB*	
	s, all of the above	listed periodic s		Postal Service). Once enrolled in his service can be cancelled at any

*Christmas Club must be automatically deducted without use of Payment Coupon Books. Account number must not change each year.

 Customer Signature
 Date

 OFFICE USE ONLY

 Employee Taking Form:

 Entered by:

 Cancellation of Combined Statements

 Date: