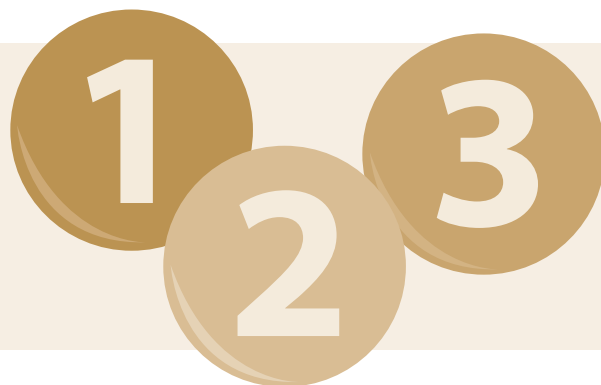


Switching your account is as easy as

We're dedicated to ensuring that your transition is a smooth one. The three easy steps below will guide you through the process of moving your accounts to First Mid.



Step 1 Get Started

- ▶ Review your last few bank statements and note all automatic payments. *(When you are ready to transfer money out of this account, remember to leave sufficient funds to cover any outstanding checks or pending automatic payments).*

Step 2 Move your Direct Deposits & Automatic Payments

- ▶ Move your direct deposits by completing the **Direct Deposit Form**. Be sure to include a voided check, not a deposit ticket, with your request.
- ▶ Transfer your social security direct deposit, by calling the Social Security Administration at 1-800-772-1213 or visit their website at www.ssa.gov/deposit/howtosign.htm
- ▶ Set up new automatic payments by using the **Automatic Payment Form**, or consider our Online Banking with FREE unlimited Bill Pay.

Step 3 Close your Old Account

- ▶ Confirm all checks have cleared and all automatic payments have been changed.
- ▶ Complete the **Account Closure Form** and send it to your previous bank.
- ▶ Bring in your unused checks and debit cards from another financial institution, then we will help you securely destroy them.
- ▶ Start using your new First Mid account exclusively.

***For more information, call our
Customer Support at 877-888-5629
or ask for details at any of our
convenient locations!***

Account Transfer Checklist

1

Use this checklist, along with your most recent statement from your previous bank account, to quickly identify all companies that need to be updated with your new First Mid account information.

Direct Deposits

	Company	Account Number	Date Contacted	Transfer Complete
<input type="checkbox"/> Payroll				
<input type="checkbox"/> Government Deposits <i>(Social Security)</i>				
<input type="checkbox"/> Other Deposits <i>(interest, dividends)</i>				
<input type="checkbox"/> Other				
<input type="checkbox"/> Other				
<input type="checkbox"/> Other				

Automatic Payments

	Company	Account Number	Date Contacted	Transfer Complete
<input type="checkbox"/> Electric				
<input type="checkbox"/> Telephone				
<input type="checkbox"/> Mortgage				
<input type="checkbox"/> Loans <i>(car, home equity, credit card)</i>				
<input type="checkbox"/> Cell Phone				
<input type="checkbox"/> Cable				
<input type="checkbox"/> Insurance				
<input type="checkbox"/> Gas				
<input type="checkbox"/> Water / Sewer				
<input type="checkbox"/> Internet Service				
<input type="checkbox"/> Brokerage <i>(automatic investments)</i>				
<input type="checkbox"/> Child Support <i>(court-issued payments)</i>				
<input type="checkbox"/> Other				
<input type="checkbox"/> Other				
<input type="checkbox"/> Other				

Please make sure that all direct deposits and automatic payment requests have been processed prior to closing your account.

Direct Deposit / Automatic Payment Form

2

Complete this form and send to each company making a direct deposit to your account or receiving your automatic payment. Attach a voided check if required by the company.

Company sending Direct Deposit or receiving Automatic Payment

Company _____

Address _____

City _____ State _____ Zip _____

Direct Deposit New Direct Deposit Change my existing Direct Deposit

Automatic Payment As of _____ (date), please begin debiting this payment from my new account.

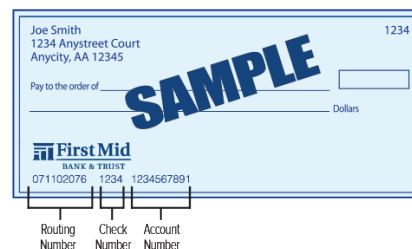
New Bank Information

First Mid Bank & Trust

Routing Number: 071102076

Account Number _____

Type of Account Checking
 Savings



Customer Information

Customer Name (Print) _____ Date _____

Customer Signature _____

Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____

Account Closure Form



To Whom It May Concern

Please use this form as authorization to close my account described below.

Previous Bank Information

Effective Immediately Effective On _____ (date)

Name(s) on Account _____

Account Number _____ Type of Account _____

Name of Financial Institution _____

Address _____

City _____ State _____ Zip _____

Customer Information

Please prepare a cashier's check for the balance of my account, made payable to:

Name(s) on Account _____

Mail cashier's check to the following address:

Address _____

City _____ State _____ Zip _____

If you have any questions, please contact me at _____

(Daytime Phone)

Thank you for your cooperation.

Customer Name (Print) _____ Date _____

Customer Signature _____