

SWITCH KIT



WELCOME
We're so glad you're here!

Our New Customer

WELCOME TO BANK & TRUST COMPANY

Switching banks made simple.

We're glad you're here. We understand that switching banks can feel like a big decision — and our goal is to make it easy, supported, and stress-free.

This Switch Kit is designed to guide you through the process step by step. Inside, you'll find the forms and checklists needed to move direct deposits, update automatic payments, review subscriptions and apps, and close your old account when you're ready.

You don't have to do this alone.

We have specially trained employees who are ready to walk through this kit with you — helping you complete each section, answer questions, and move things over at a pace that feels comfortable. You don't need to finish everything at once. We'll help you decide what needs attention now and what can wait, so nothing feels rushed or overwhelming.

Prefer to complete the process on your own?

Simply follow the steps below and use the included forms and checklists to stay organized.

How to Make the Switch

STEP 1: OPEN YOUR NEW ACCOUNT

We'll begin by opening your new Bank & Trust Company account together. We'll review the information needed, help complete any paperwork, and make sure your account is ready to use.

REMEMBER: Leave enough funds in your old account to cover any outstanding checks or automatic payments.

STEP 2: MOVE YOUR DIRECT DEPOSIT

Next, we'll help move any direct deposits you receive, such as payroll, Social Security, pension, or other income. We recommend checking with your employer to confirm whether a specific form is required. For government deposits, including Social Security or VA benefits, we'll assist with completing Form SF-1199A if needed (included). We'll also use the direct deposit checklist to ensure nothing is missed.

STEP 3: UPDATE AUTOMATIC PAYMENTS & BILL PAY

We'll review automatic payments and recurring bills connected to your account, such as utilities, loans, and insurance. If you use online bill pay, we'll help you enroll in online banking and explain how bill pay works. Some accounts include bill pay at no charge, while others may have a monthly fee — we'll review those details with you.

STEP 4: REVIEW SUBSCRIPTIONS, WEBSITES & APPS

Many subscriptions, websites, and apps store your banking or debit card information. We'll take time to review these together to help prevent declined payments or interruptions later.

STEP 5: CLOSE YOUR OLD ACCOUNT (WHEN YOU'RE READY)

Once everything has successfully transitioned, we'll help you close your old account. Before doing so, we'll confirm that all checks have cleared, deposits have moved, and payments are processing correctly. It's important to leave enough funds in your old account to cover any outstanding checks or automatic payments. There's no rush — we'll guide you through this when the timing is right.



TRANSFER YOUR DIRECT DEPOSIT

After opening your new account, you'll want to update where your income is deposited.

Take a moment to review any direct deposits currently going into your old account — such as payroll, Social Security, pension, retirement income, or other recurring deposits.

To make the change, contact the company or agency issuing the payment and provide your new Bank & Trust Company account information. Some may require a written authorization form.

If you receive government benefits, you may use [Form SF-1199A](#) (included in this kit) to update your deposit instructions.

We recommend completing one authorization form for each direct deposit to ensure everything transitions smoothly.

If you'd prefer help with this step, we're happy to walk through it with you.

Direct Deposit Checklist



Use your old bank statements to identify direct deposits you need to switch to your new Bank & Trust Company account(s). Monitor your new Bank & Trust Company account(s) and confirm receipt of direct deposit(s) before closing your old account.

Old Account Information:

Routing Number

Account Number(s)

Bank & Trust Company Account Information

081903537

Routing Number

Account Number(s)

Deposit Type	Company	Account Number	Amount	Date of Payment	Transferred?
Payroll					<input type="checkbox"/>
Payroll					<input type="checkbox"/>
Social Security					<input type="checkbox"/>
Social Security					<input type="checkbox"/>
Pension					<input type="checkbox"/>
Retirement					<input type="checkbox"/>
Interest Income					<input type="checkbox"/>
Investment Income					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Direct Deposit Authorization Form



Please change the account for my direct deposit.

<input type="text"/>	<input type="text"/>
Date	Company Making Direct Deposit
<input type="text"/>	<input type="text"/>
Company Address	City/State/Zip

To whom it may concern

<input type="text"/>	<input type="text"/>
Old Financial Institution	Old Routing Number
<input type="text"/>	
Old Account Number(s)	

Please begin making these automatic deposits into my new Bank & Trust Company account.

081903537

<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
New Bank Routing Number		
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
New Account Number	Amount of Deposit	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
New Account Number	Amount of Deposit	

If you have any questions about this request, please call me. Thank you!

<input type="text"/>	<input type="text"/>
My Name (please type or print)	Phone Number
<input type="text"/>	<input type="text"/>
Address	City/State/Zip
<input type="text"/>	<input type="text"/>
Signature	Date

Please include a voided Bank & Trust Company check with your request.

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">D TYPE OF DEPOSITOR ACCOUNT</td> <td style="width: 20%;">CHECKING</td> <td style="width: 20%;">SAVINGS</td> </tr> </table>	D TYPE OF DEPOSITOR ACCOUNT	CHECKING	SAVINGS							
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ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)	E DEPOSITOR ACCOUNT NUMBER										
CITY STATE ZIP CODE	F TYPE OF PAYMENT (<i>Check only one</i>)										
TELEPHONE NUMBER AREA CODE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Social Security</td> <td style="width: 50%;">Fed. Salary/Mil. Civilian Pay</td> </tr> <tr> <td>Supplemental Security Income</td> <td>Mil. Active</td> </tr> <tr> <td>Railroad Retirement</td> <td>Mil. Retire.</td> </tr> <tr> <td>Civil Service Retirement (OPM)</td> <td>Mil. Survivor</td> </tr> <tr> <td>VA Compensation or Pension</td> <td>Other</td> </tr> </table> <p style="text-align: right;"><i>(specify)</i></p>	Social Security	Fed. Salary/Mil. Civilian Pay	Supplemental Security Income	Mil. Active	Railroad Retirement	Mil. Retire.	Civil Service Retirement (OPM)	Mil. Survivor	VA Compensation or Pension	Other
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Railroad Retirement	Mil. Retire.										
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VA Compensation or Pension	Other										
B NAME OF PERSON(S) ENTITLED TO PAYMENT	G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)										
C CLAIM OR PAYROLL ID NUMBER	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">TYPE</td> <td style="width: 30%;">AMOUNT</td> </tr> <tr> <td style="text-align: center;">Prefix</td> <td style="text-align: center;">Suffix</td> </tr> </table>	TYPE	AMOUNT	Prefix	Suffix						
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<p style="text-align: center;">PAYEE/JOINT PAYEE CERTIFICATION</p> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.	<p style="text-align: center;">JOINT ACCOUNT HOLDERS' CERTIFICATION</p> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.										
SIGNATURE	DATE	SIGNATURE	DATE								
SIGNATURE	DATE	SIGNATURE	DATE								

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">ROUTING NUMBER</td> <td style="width: 20%;">CHECK DIGIT</td> </tr> </table>	ROUTING NUMBER	CHECK DIGIT
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	DEPOSITOR ACCOUNT TITLE		
<p>FINANCIAL INSTITUTION CERTIFICATION</p> I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 208, and 210.			
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

FINANCIAL INSTITUTION COPY

DIRECT DEPOSIT SIGN-UP FORM

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SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>) ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>) CITY STATE ZIP CODE TELEPHONE NUMBER AREA CODE	D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS E DEPOSITOR ACCOUNT NUMBER F TYPE OF PAYMENT (<i>Check only one</i>) Social Security Fed. Salary/Mil. Civilian Pay Supplemental Security Income Mil. Active Railroad Retirement Mil. Retire. Civil Service Retirement (OPM) Mil. Survivor VA Compensation or Pension Other <i>(specify)</i>																
B NAME OF PERSON(S) ENTITLED TO PAYMENT C CLAIM OR PAYROLL ID NUMBER Prefix Suffix	G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">TYPE</th> <th>AMOUNT</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	TYPE	AMOUNT														
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	CHECK DIGIT
DEPOSITOR ACCOUNT TITLE		
FINANCIAL INSTITUTION CERTIFICATION		
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 208, and 210.		
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER
		DATE

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PAYEE COPY

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimates and suggestions for reducing this burden should be directed to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 208 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C)** Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F)** Type of payment is printed to the left of the amount.

The diagram shows a government check with the following details:

- Top left: A circle with a checkmark and a dollar sign.
- Top center: A date box with 'Month' (08), 'Day' (31), and 'Year' (84).
- Top right: '15-51 000' and 'PHILADELPHIA, PA'.
- Far right: 'Check No. 0000 415785'.
- Below the date: A box containing '00' with a callout 'C' pointing to it.
- Below the amount: A box containing '28 28' with a callout 'F' pointing to it.
- Bottom left: A large box for the payee's name with a callout 'A' pointing to it.
- Bottom right: A box for 'DOLLARS' and 'CTS'.
- Bottom center: 'NOT NEGOTIABLE' and the MICR line ':00000518: 0415771926''.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will contact the paying agency with updated financial account information. It is recommended that the payee maintain accounts at both financial institutions until the transaction is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.



CHANGE YOUR PAYMENTS

Next, take time to review any recurring payments connected to your old account. This may include utilities, insurance, loans, memberships, subscriptions, and other automatic withdrawals.

To update these payments, you may log in to each service provider's website and enter your new Bank & Trust Company account information.

If you would like to use Bank & Trust Company's online bill pay service, a Customer Service Representative will help you enroll and get everything set up properly.

Be sure to also review any websites or apps where your debit card or account information is saved – such as online retailers, streaming services, or payment apps.

Use our Transaction Checklists to help keep track of what has been updated.

If you'd like assistance, our team is happy to review this step with you.

Transaction Checklist

Automatic Payments

List all withdrawals from your account(s).

Withdrawal Type	Company	Account Number	Amount	Date of Payment	Updated?
Mortgage/Rent					<input type="checkbox"/>
Auto Loan					<input type="checkbox"/>
Auto Loan					<input type="checkbox"/>
Insurance					<input type="checkbox"/>
Gas					<input type="checkbox"/>
Electricity					<input type="checkbox"/>
Water					<input type="checkbox"/>
Cable/Satellite					<input type="checkbox"/>
Internet					<input type="checkbox"/>
Cell Phone					<input type="checkbox"/>
Daycare/Tuition					<input type="checkbox"/>
Gym Membership					<input type="checkbox"/>
Credit Card					<input type="checkbox"/>
Roadside (i.e. AAA)					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Transaction Checklist

Recurring Subscriptions

List all subscriptions that you're enrolled in.

Withdrawal Type	Company	Account Number	Amount	Date of Payment	Updated?
Music (i.e. Sirius XM)					<input type="checkbox"/>
Streaming (i.e. Hulu)					<input type="checkbox"/>
Grocery (i.e. Aldi)					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Website and Apps

List anywhere your account information or debit card is saved.

Website/App	Username	Password	Account or Debit Card Number	Updated?
Amazon				<input type="checkbox"/>
Paypal				<input type="checkbox"/>
Venmo				<input type="checkbox"/>
				<input type="checkbox"/>



CLOSE YOUR OLD ACCOUNT

Once your direct deposits are posting correctly, your automatic payments have been updated, and all outstanding transactions have cleared your old account, you're ready for the final step.

Contact your previous financial institution to request closure of your account(s). If needed, you may use our Account Closing Authorization Form to assist with this process.

We recommend confirming that deposits and payments are processing properly before closing your old account.

There's no rush – taking this final step at the right time helps prevent interruptions.

If you would like assistance reviewing everything before closing, we're happy to help.

Account Closing Authorization Form Bank & Trust Company MEMBER FDIC

bank different. bank better.

Please close my account.

<input type="text"/>	<input type="text"/>
Date	Bank Name
<input type="text"/>	<input type="text"/>
Address	City/State/Zip

To whom it may concern

Please close the following account(s) with your institution:

<input type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Other	<input type="text"/>
Account Number		
<input type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Other	<input type="text"/>
Account Number		
<input type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Other	<input type="text"/>
Account Number		
<input type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Other	<input type="text"/>
Account Number		
<input type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Other	<input type="text"/>
Account Number		
<input type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Other	<input type="text"/>
Account Number		

Please send any funds remaining in the above account(s) to the address listed below:

<input type="text"/>	<input type="text"/>
My Name (please type or print)	Phone Number
<input type="text"/>	<input type="text"/>
Address	City/State/Zip
<input type="text"/>	<input type="text"/>
Account Holder Signature	Date



NEED A HAND?

We're here to help – before, during, and after your switch.

Contact your local Bank & Trust Company branch or reach out to Bank & Trust Company representative assisting you.

A list of branch locations, phone numbers, and hours can be found on the next page.



**Bank & Trust
Company** MEMBER
FDIC

LOCATIONS	DAYS	LOBBY	DRIVE-UP
Main Bank 401 N Madison PO Box 410 Litchfield IL 62056 217.324.3935	Monday-Thursday Friday Saturday	8:30-4:00 8:30-4:00 8:30-12:00	8:00-5:00 8:00-6:00 8:00-12:00
Carlinvile Branch 900 W Main PO Box 467 Carlinvile IL 62626 217.854.3554	Monday-Thursday Friday Saturday	8:30-4:00 8:30-4:00 8:30-12:00	8:00-5:00 8:00-5:30 8:00-12:00
Chatham Branch 10 Plummer Blvd PO Box 228 Chatham IL 62629 217.483.3343	Monday-Thursday Friday Saturday	8:30-4:00 8:30-4:00 8:00-12:00	8:00-5:30 8:00-6:00 8:00-12:00
Coffeen Branch 200 W Main St PO Box 518 Coffeen IL 62017 217.536.3950	Monday-Thursday Friday Saturday	8:30-4:00 8:30-4:00 8:30-12:00	8:00-5:00 8:00-5:30 8:00-12:00
Farmersville Branch 208 S Cleveland PO Box 200 Farmersville IL 62533 217.227.3291	Monday-Thursday Friday Saturday	8:30-4:00 8:30-4:00 8:30-12:00	8:00-5:00 8:00-6:00 8:00-12:00
Fillmore Branch 107 S Main St Fillmore IL 62032 217.536.3940	Monday-Wednesday Thursday & Saturday Friday	8:30-12:30, 2:00-5:00 8:30-12:00 8:30-12:30, 2:00-5:30	8:30-12:30, 2:00-5:00 8:30-12:00 8:30-12:30, 2:00-5:30
Irving Branch 103 S Pine St Irving IL 62051 217.536.3930	Monday-Thursday Friday Saturday	8:30-1:00, 2:00-5:00 8:30-1:00, 2:00-5:30 8:30-12:00	8:30-1:00, 2:00-5:00 8:30-1:00, 2:00-5:30 8:30-12:00
Money Centre Branch 1201 W Union PO Box 410 Litchfield IL 62056 217.324.3951	Monday-Thursday Friday Saturday	8:30-4:00 8:30-4:00 8:30-12:00	8:00-5:00 8:00-6:00 8:00-12:00
Raymond Branch 404 S O'Bannon PO Box 230 Raymond IL 62560 217.229.3090	Monday-Thursday Friday Saturday	8:30-4:00 8:30-4:00 8:30-12:00	8:00-5:00 8:00-6:00 8:00-12:00
Rochester Branch 196 S Walnut PO Box 20 Rochester IL 62563 217.498.9009	Monday-Thursday Friday Saturday	8:30-4:00 8:30-4:00 8:00-12:00	8:00-5:30 8:00-6:00 8:00-12:00
Witt Branch 1 W Broadway PO Box 427 Witt IL 62094 217.594.2221	Monday-Thursday Friday Saturday	8:30-4:00 8:30-4:00 8:30-12:00	8:00-5:00 8:00-6:00 8:00-12:00