### Switch To 1st National Bank

## It's Quick and Easy...

### Just print the forms below and follow these instructions.

Step 1: Visit a banking center to open an account.

<u>Step 2</u>: Send a <u>Direct Deposit Request Form</u> to your employer and other sources, so your funds can be automatically deposited to your account. If you already have Direct Deposits going elsewhere, you can also use this form to switch them to your new account with us.

<u>Step 3</u>: Complete an <u>Automatic Payment Cancellation Letter</u> and send it to each of your creditors to switch any automatic payments so they'll come out of your new account with us.

<u>Step 4</u>: Use our <u>Account Closing Letter</u> to notify your other bank to close your account and give directions for the disbursement of any remaining funds. Make sure that all of your checks have cleared BEFORE your close your old account.

# **Payroll Deposit Authorization Form**

Use this form to request the direct deposit of your payroll check to your new 1<sup>st</sup> National Bank Account. You will need to provide this information to your employer with any other additional information and authorization they might need to initiate the deposit. Please contact your employer's payroll department if you have any questions about their process.

#### **DIRECT DEPOSIT AUTHORIZATION**

| I hereby authorize (cor   | npany name),  |
|---|---|
| account indicated belo<br>initiated by COMPANY<br>signing this agreemen                 | , to make payment of any amount owed to me by initiating credit entries to my w at 1 <sup>st</sup> National Bank, and I authorize and request 1 <sup>st</sup> National Bank to accept credit entries to credit my account without responsibility for the correctness thereof. It is understood that I allow COMPANY to initiate reversal of the described payment entry in the event of error in                                |
| calculation or overpay  | nent.   |
| Employee Name   |   |
| Address   |   |
| City, State, Zip  |   |
| Telephone   |   |
| Social Security   |   |
|   | urity Direct Deposit, we can assist you with calling the Social Security Administration nent at 1-800-772-1213 or signing up online at <a href="https://www.ssa.gov/deposit">www.ssa.gov/deposit</a> .)   |
| • •   | tomatic direct deposit to: ank Checking Account Number:   |
|   | ank Routing & Transit Number: 042208006   |
| (Previous Fin   | sending my automatic direct deposit to: ancial Institution):  |
|   | sending the same deposit to BankName.   |
|   | OR entire amount to Checking Account #:   |
| Deposit \$  | OR entire amount to Savings Account #:  |
| to 1 <sup>st</sup> National Bank. A<br>my employer after reco<br>National Bank shall be | s authorization may be terminated by me at any time by written notification to my employer on such notification to my employer shall be effective only with respect to entries initiated by sipt of such notification and a reasonable opportunity to act on it. Any such notification to 1st effective only with respect to entries credited to my account by 1st National Bank after received a reasonable time to act on it. |
| Primary Account Own   | r   |
|   | Date  |
|   |   |

## **Automatic Payment Request**

Use this form to request a transfer of an automatic payment to your 1<sup>st</sup> National Bank Account, or to establish a new automatic payment from your 1<sup>st</sup> National Bank Account. Complete this form for each automatic payment, and attach a voided check from your new 1<sup>st</sup> National Bank Account. Please allow sufficient time for your first automatic payments to be activated against your new 1<sup>st</sup> National Bank account.

| To (Company Name):            |  |   |
|-------------------------------|--|---|
|                               | sh to have my automatic withdrawal<br>ng applied to the following account, v | changed to my account with 1 <sup>st</sup> National Bank. The<br>which I have with your organization: |
| Account Number with Comp      | pany:  | _ Debit Amount:   |
| I currently have my automa    | tic debit coming out of the following  | account:  |
| Previous Financial Institutio | n:   | _   |
| Account #:                    | ABA Routing #:   | _   |
| Effective immediately, I wou  | uld like this automatic debit redirecte                                      | d to my account with 1 <sup>st</sup> National Bank as follows:  |
| Account #:                    | ABA Routing #: 042208006   |   |
| If you have any questions     | , please call me at the number list  | red below.  |
| Primary Account Owner:        |  | <u></u>   |
| Address:                      |  | <u></u>   |
| City, State, Zip:             |  | <u></u>   |
| Telephone:                    |  |   |
|                               |  |   |
| Primary Account Owner S       | Signature:   | Date:   |

## **Account Closing Request**

Use this form to request that your account(s) be closed at your former bank and any remaining funds sent to you. Prior to closing your accounts, ask your former bank if there are any fees associated with closing your account. Also, remember to keep enough funds in your account until your last check has cleared. You can also visit your former bank to close out your accounts.

| To:  |  | _  |
|--|--|--|
|  | t I/we would like to close the acco<br>emaining funds in the account(s). | ount(s) listed below. Please send a check to me at the |
| Account Type   | Account #  | Account Owner Name(s)                                  |
|  |  |  |
|  |  |  |
|  |  |  |
| (Note: If closing out a passboo                              | ok account, please include passb   | ook with this letter.)                                 |
| Pay to the order of:   |  |  |
|  | gether with all interest or dividend<br>ove listed accounts.             | ds that may have become due on                         |
| Please process this request in phone number or address liste |  | tions regarding this request, please contact me at the |
| Primary Account Holder:                                      |  |  |
| Social Security Number:                                      |  |  |
| Address:   |  |  |
| City, State, Zip:  |  |  |
| Telephone:   |  |  |
| Primary Account Holder Signa                                 | ature:   | Date:  |
| Secondary Account Holder Signature                           | gnature:   | Date:  |