

First National Bank EasySwitch authorization form

FNB Account # _____

(the last group of numbers at the bottom of your checks)

Date _____

Name _____

Name _____

Street _____

City, State, Zip _____

Phone _____

E-Mail _____

Please switch my current banking service from the following accounts to First National Bank.

Please check the services that apply:

Change Payroll Direct Deposit

Employer Name _____

Employer Address _____

Bank Name _____ Acct. # _____

(the last group of numbers at the bottom of your checks)

Routing # _____

(the first group of numbers at the bottom of your checks, separated by this symbol **■** before and after the routing number)

Switch Automatic Withdrawal

Payment Type _____ Amt. \$ _____ Acct. # _____

Payment Type _____ Amt. \$ _____ Acct. # _____

Payment Type _____ Amt. \$ _____ Acct. # _____

Close Account

Bank Name _____ Acct. # _____

(the last group of numbers at the bottom of your checks)

Send a check for the remaining balance

Transfer funds to my new FNB account

Switch Retirement

Funding Organization Name _____

Funding Organization Address _____

Switch Social Security

Social Security # _____

Signature _____ Date _____

Signature _____

Complete this form, sign and mail to: First National Bank, P.O. Box 163, Orrville, OH 44667.

BANK USE ONLY Employee Initials _____ Date _____

DATA ENTRY USE ONLY Input By _____ Date _____ Checked By _____ Date _____