



Are you ready for a change? First National Bank wants to serve you, and we have made the Switch easy. Just follow the five steps outlined below.

- Step #1: Open a New Account with First National Bank**
Fill out the Personal Account Application (available in this switch kit) and come by one of our local offices to set up a new bank account.
- Step #2: Stop using your old bank account**
When you have opened your new FNB account, you can now begin destroying unused checks, debit cards, and deposit slips. Hold on to an old check or two in case you need to transfer funds to your new FNB account during this process.
- Step #3: Switch your Direct Deposits**
Complete the Direct Deposit Change Form (available in this switch kit) for all applicable entities. (i.e Employer, Social Security, etc.) Include a new FNB deposit slip or voided check with the form.
- Step #4: Switch your Auto Debits**
Complete the Auto Debit Form (available in this switch-kit) to change all automatic withdrawals. Also log on to your Online services that use your old debit card number and edit your payment information.
- Step #5: Close your Old Account**
Send in the Close Accounts Form (available in this switch kit). If all of your checks have cleared, your old bank will send you a check for the remaining balance.

Locations

Spearman
729 West 7th
(806) 659-5544

Dumas
1201 East First
(806) 935-5544

Perryton
2729 South Main
(806) 435-5544

Personal Account Application and CIP Form



First National Bank

Primary Account Holder Account # _____ Date _____

Name _____ CIF _____ Physical Address _____

Mailing Address _____ City _____ State _____ Zip+4 _____ County _____

Date of Birth _____ Social Security Number _____ Gov't Issued ID# _____ State of Issuance _____ Date Issued/Expires _____

Email Address#1/Email Address#2 _____ Telephone#1(Cell)/Telephone#2/Telephone#3 _____

Employer _____ Employer Address _____ Employer Phone# _____

Nearest Relative not Living with You _____ Phone # _____ Address _____ Relationship _____

Secondary Account Holder

Name _____ CIF _____ Physical Address _____

Mailing Address _____ City _____ State _____ Zip+4 _____ County _____

Date of Birth _____ Social Security Number _____ Gov't Issued ID# _____ State of Issuance _____ Date Issued/Expires _____

Email Address#1/Email Address#2 _____ Telephone#1(Cell)/Telephone#2/Telephone#3 _____

Employer _____ Employer Address _____ Employer Phone# _____

Product Needs

- CD
- Checking
- Interest Checking
- Savings
- Money Market
- Loan
- Safe Deposit Box
- Would you like to name a beneficiary for Payment on Death? (See Back)

Ownership

- Individual
- Joint Account
- Club/Organization
- Authorized Signers (See Back)

Internal Use Only

- Experian
- ChexSystems
- IRS
- OFAC

Employee _____

Amount of Opening Deposit _____

Source of Funds: Check Cash

Internal Transfer from:
Account # _____

Additional Account Information

Joint Owner Authorized Signer POD None

Name	CIF	Physical Address		
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MailingAddress	City	State	Zip+4	County
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Date of Birth	Social Security Number	Gov't Issued ID#	State of Issuance	Date Issued/Expires
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Email Address#1/Email Address#2	Telephone#1(Cell)/Telephone#2/Telephone#3		
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Joint Owner Authorized Signer POD None

Name	CIF	Physical Address		
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MailingAddress	City	State	Zip+4	County
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Date of Birth	Social Security Number	Gov't Issued ID#	State of Issuance	Date Issued/Expires
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Email Address#1/Email Address#2	Telephone#1(Cell)/Telephone#2/Telephone#3		
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Joint Owner Authorized Signer POD None

Name	CIF	Physical Address		
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MailingAddress	City	State	Zip+4	County
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Date of Birth	Social Security Number	Gov't Issued ID#	State of Issuance	Date Issued/Expires
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Email Address#1/Email Address#2	Telephone#1(Cell)/Telephone#2/Telephone#3		
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Owner Authorization for Credit History

By signing below, I certify that everything I have stated is correct, and I authorize First National Bank to check my credit history.

X _____

X _____

X _____

X _____

Direct Deposit Form



**First
National
Bank**

How to Set up Direct Deposit

Complete and sign this form then give it to your employer or the payor.

I authorize _____
Name of Business

and First National Bank to automatically deposit my payroll check into my account listed below. (This includes authorization to correct any entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

Signature Date

Name Address

City State Zip

Please have my payroll check automatically deposited into the following account:

Account Number Bank's Routing Number

Checking

Savings

Financial Institution Information

First National Bank
PO Box 337
Spearman, TX 79081

Your payor may need you to complete a separate form or provide a voided check in order to process your request. Your payor should provide you with a copy of your completed authorization.

If your direct deposit is for one of the following, please come into a local First National Bank office for the official form or logon to the entity's website to download an official form.

Direct Deposit Source	Agency Website
Social Security Payment	www.socialsecurity.gov
Civil (Non-military) Retirement Payments	www.serviceline.opm.gov
Railroad Retirement Board	www.rrb.gov
Veterans Compensation and Pension	www.va.gov

Auto Debit Form



**First
National
Bank**

Automatic Payments

Use this form to switch your Automatic Payments or Withdrawals to your First National Bank account (e.g. loan payment, insurance payment, transfers to brokerage accounts or savings accounts).

Date: _____

To: _____ (Company Name)

_____ (Address of Company)

_____ (City, State, Zip)

From: _____ (Your Name)

_____ (Your Address)

_____ (City, State, Zip)

Please accept this letter as authorization to change the bank account information for automatic payments or withdrawals in the name of: _____, customer account number: _____, payment type: (i.e. Mortgage, Auto, Utilities, etc) _____, approximate amount of transfer _____.

I am aware that some automatic payments or withdrawals require advance notice of changes. Please include those notice periods when determining the new effective date.

Effective immediately, the new bank information is as follows:

First National Bank Account Number: _____

Checking Savings Money Market (select one)

ABA Bank Routing Number: **111315794**

If you should have any questions regarding this transaction please call me on my daytime phone number: _____. Please send me written confirmation of when the change will be effective.

Thank you for your cooperation.

Sincerely,

(Customer Signature)

Attached is a voided check from my account.

Close Account Form

Date: _____

To: _____ (Bank Name)
_____ (Bank Address)
_____ (City, State, Zip)

Primary Account Holder:

_____ (Name)
_____ (Home Address)
_____ (City, State, Zip)

Secondary Account Holder:

_____ (Name)
_____ (Home Address)
_____ (City, State, Zip)

Please accept this as my authorization and direction to close the following account(s) with your institution. Account Number(s): _____

Please send the check in the amount of my account balance plus any accrued interest to my attention at the address on file.

If you should have any questions regarding this transaction please call me at my daytime phone number: _____ Thank you for your cooperation.

Sincerely,

(Customer Signature)

Note:

- Fill out a separate form for accounts who's funds should not be combined with other accounts.
- Verify all checks and payments have cleared prior to submitting this form to close your accounts.