



**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.
- Step #3: Switch your Direct Deposit**  
Complete the Direct Deposit Form (available in this switch kit) and give it to your employer, the Social Security Administration or your retirement plan. Include a new deposit slip or voided check.
- Step #4: Switch your Auto Debits**  
Complete the Auto Debit Form (available in this switchkit) to change all automatic withdrawals or automated payment services. Don't forget to include services that use your old debit card number, such as automatic payments made online.
- 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

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**Spearman**  
729 W 7th Street  
(806) 659-5544

**Dumas**  
1201 East First  
(806) 934-8455

**Perryton**  
2729 South Main  
(806) 435-5544  
**Coming Soon**

# Personal Account Application



# First National Bank

## Primary Account Holder

Date \_\_\_\_\_

Name \_\_\_\_\_ Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

County \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Driver's License # \_\_\_\_\_  
(Please bring Government Issued Photo ID with Application)

Email Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Employer Address \_\_\_\_\_ Employer Phone # \_\_\_\_\_

Nearest Relative not Living with You \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

## Secondary Account Holder

Name \_\_\_\_\_ Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

County \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Driver's License # \_\_\_\_\_  
(Please bring Government Issued Photo ID with Application)

Email Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Employer Address \_\_\_\_\_ Employer Phone # \_\_\_\_\_

### Product Needs

- Checking
- Interest Checking
- Savings
- Money Market

### Ownership

- Individual
- Joint Account
- Club/Organization
- Authorized Signers

### Signatures

Would you like to name a beneficiary for Payment on Death?  
x \_\_\_\_\_ x \_\_\_\_\_

Please submit this application to your local branch office.

# 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	<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>
Civil (Non-military) Retirement Payments	<a href="http://www.servicesonline.opm.gov">www.servicesonline.opm.gov</a>
Railroad Retirement Board	<a href="http://www.rrb.gov">www.rrb.gov</a>
Veterans Compensation and Pension	<a href="http://www.va.gov">www.va.gov</a>

# Auto Debit Form



**First  
National  
Bank**

## Automatic Payments

Use this form to change 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: \_\_\_\_\_ (Company Name)

\_\_\_\_\_ (Address of Company)

\_\_\_\_\_ (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 my account with your institution.

Account Number: \_\_\_\_\_

Checking     Savings     CD     Money Market (select one)

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:

- If there are multiple accounts involved please complete a form for each account.
- Verify all checks and payments have cleared prior to submitting this form to close your account.