

Switch Checklist

- Account Closing Form
- Direct Deposit Authorization Form
- Automatic Payment / Deposit Switch Form
- Account Balance Worksheet

You may check the boxes next to the items you have completed (if any). And then print out and keep this checklist handy. As you continue completing items, simply check off the boxes on your printed copy.

- Make sure all checks have cleared on your checking account.**
- Make certain enough funds are available in your account to cover any automatic payments that may yet need to be withdrawn.**
- Send written notice to your direct deposit vendors (payroll, social security*, CD interest payments, etc.) of the changes in your relationship.**
(Use Direct Deposit Authorization Form)
- *For social security or other governmental deposits, changes may be made by calling Social Security Administration at 1-800-772-1213.**
- Send notification of new account information to vendors who you want to continue to generate payment or deposit transactions**
(Use Automatic Payment Switch Form)
- Send written notice to financial institution that your are closing the account.** (Use Existing Account Closing Form)

Please call **800.667.4401**
if you have any questions regarding your
“switch” to First National Bank and Trust.

www.bankatfirstnational.com

Direct Deposit Authorization



Complete this form for each company with which you have a direct deposit.

Please Note: If you have social security or other governmental direct deposit, please use the Treasury Department, **Standard Form 1199A**.

For Social Security benefits, you can also contact them by phone to make direct deposit arrangements, 1-800-772-1213.

Send the direct deposit authorization form to the company* making the different deposit. For your payroll direct deposit, please give this form to your Human Resources department. If you have social security or other governmental direct deposit see note in left column.

Last Name First Name

Street Address

City State Zip

About Your New Account:

New Account Number

075900973

New Routing Number

First National Bank and Trust

Bank Name

345 E Grand Ave.

Address

Beloit WI 53511

City State Zip

Check Only One:

- A New authorization for Direct Deposit. Not currently using Direct Deposit.
- Please change my existing authorization. Transfer automatic payment from my previous bank to First National Bank and Trust.

Employee Signature Date

Employer Signature Date

**You should use one form for each company. Please make additional copies as needed.*

You may want to keep your previous account open for 2 months in order to ensure all Direct Deposit transfers are complete.

Automatic Payment/Deposit Switch Form



Complete and sign one copy of this form for each automatic payment or automatic depositor (other than payroll) and mail to the institution that deposits to your old account.

This form will notify merchants to redirect automatic payments or automatic deposit transactions (ie.CD interest payments) to First National Bank and Trust.

To:

Merchant/Company Name

Account Number

Merchant/Company Address

City State Zip

From:

Name

Address

City State Zip

Please redirect my:

Automatic Payment Automatic Deposit

To my new FNBT Checking Account Effective:

Immediately Or Beginning _____

075900973

Account Number Routing Number

First National Bank and Trust

Bank Name

345 E Grand Ave. Beloit, WI 53111

Address

Signature

**You should use one form for each company. Please make additional copies as needed.*

You may want to keep your previous account open for 2 months in order to ensure all Direct Deposit transfers are complete.

Existing Account Closing Form



Complete this form and return to your old bank.

To Whom it may concern:
Please close my account described below.

Name(s) on Account

Account Number Account Type

Address

City State Zip

Check Only One:

No Disbursement of funds is necessary

The account balance is zero.

I have deposited a check for the balance in my new bank.

Disbursement of funds is necessary.

Prepare a cashier's check for the balance of my account made payable to the Name(s) and Address on my account.

Thank you for your prompt attention to this matter. Sincerely,

Customer Signature Date

Joint Account Holder Signature Date