



**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

---

<b>Name</b>	<b>CIF</b>	<b>Physical Address</b>		
-------------	------------	-------------------------	--	--

---

<b>MailingAddress</b>	<b>City</b>	<b>State</b>	<b>Zip+4</b>	<b>County</b>
-----------------------	-------------	--------------	--------------	---------------

---

<b>Date of Birth</b>	<b>Social Security Number</b>	<b>Gov't Issued ID#</b>	<b>State of Issuance</b>	<b>Date Issued/Expires</b>
----------------------	-------------------------------	-------------------------	--------------------------	----------------------------

---

<b>Email Address#1/Email Address#2</b>	<b>Telephone#1(Cell)/Telephone#2/Telephone#3</b>
--	--

Joint Owner  Authorized Signer  POD  None

---

<b>Name</b>	<b>CIF</b>	<b>Physical Address</b>		
-------------	------------	-------------------------	--	--

---

<b>MailingAddress</b>	<b>City</b>	<b>State</b>	<b>Zip+4</b>	<b>County</b>
-----------------------	-------------	--------------	--------------	---------------

---

<b>Date of Birth</b>	<b>Social Security Number</b>	<b>Gov't Issued ID#</b>	<b>State of Issuance</b>	<b>Date Issued/Expires</b>
----------------------	-------------------------------	-------------------------	--------------------------	----------------------------

---

<b>Email Address#1/Email Address#2</b>	<b>Telephone#1(Cell)/Telephone#2/Telephone#3</b>
--	--

Joint Owner  Authorized Signer  POD  None

---

<b>Name</b>	<b>CIF</b>	<b>Physical Address</b>		
-------------	------------	-------------------------	--	--

---

<b>MailingAddress</b>	<b>City</b>	<b>State</b>	<b>Zip+4</b>	<b>County</b>
-----------------------	-------------	--------------	--------------	---------------

---

<b>Date of Birth</b>	<b>Social Security Number</b>	<b>Gov't Issued ID#</b>	<b>State of Issuance</b>	<b>Date Issued/Expires</b>
----------------------	-------------------------------	-------------------------	--------------------------	----------------------------

---

<b>Email Address#1/Email Address#2</b>	<b>Telephone#1(Cell)/Telephone#2/Telephone#3</b>
--	--

## 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	<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>
Civil (Non-military) Retirement Payments	<a href="http://www.serviceline.opm.gov">www.serviceline.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 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 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.