



First National Bank

You. First. Always.

Thank you for opening your account with First National Bank where we put
You. First. Always!

Now that we have your account opened, there may be some changes you will need to make for direct deposits, automatic payments, etc. We will be more than happy to assist you in any way we can and are here to make the process as easy and pain free as possible!

Enclosed are documents to help you gather information to make these changes as well as information regarding our online banking services.

Please let us know if we can be of any assistance in your transition from your previous bank, and remember that we will continue to put *You. First. Always!*

From all of us at First National Bank,
Thank you for choosing us!

Steps to Help You Switch!

1. Sign up for online banking/e-statements once your account is activated.
2. Change your direct deposits over to FNB.
3. Change your automatic payments or withdrawals over to FNB.
4. Begin using your new account as soon as possible!
5. Close your former accounts at other institution(s).

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www.e-fnb.com • 419-384-3221





First National Bank

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DIRECT DEPOSIT AUTHORIZATION CHANGE FORM

To: _____ (Company/Employer Name)

_____ (Address)

_____ (City, State, Zip)

Primary Account Holder:

_____ (Name)

_____ (Address)

_____ (City, State, Zip)

Secondary Account Holder:

_____ (Name)

_____ (Address)

_____ (City, State, Zip)

Please accept this letter as authorization to change the bank account information for my direct deposit. Effective immediately, the new bank information is as follows:

Account Number: _____ Type: _____
Routing Number: 041212873
First National Bank of Pandora
Address: 102 E. Main St. P.O. Box 329 Pandora, OH 45877

I hereby authorize _____ to make deposits to my First National Bank Account indicated above. This authority shall remain in effect until I have given written notice to terminate this service.

Signature: _____ Date: _____

Signature: _____ Date: _____



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AUTOMATIC PAYMENT/WITHDRAWAL AUTHORIZATION FORM

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Please change the account used for Automatic Payment/Withdrawal to my new account.

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

My New Account Information:

Account Type: Checking Savings

Account Number: _____

Routing Number / ABA: 041212873

I hereby authorize _____ to initiate payments from my First National Bank Account indicated above. This authority shall remain in effect until I have given written notice to terminate this service.

Signature: _____ Date: _____

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ACCOUNT CLOSURE FORM

Bank: _____ (Bank Name)

_____ (City, State, Zip)

Primary Account Holder:

_____ (City, State, Zip)

Secondary Account Holder:

_____ (City, State, Zip)

Account Number: _____ Type: _____

Account Number: _____ Type: _____

Account Number: _____ Type: _____

Thank you for your prompt attention to this request. Please send a check for the amount of the account balance plus any accrued interest to the address on file.

Signature: _____ Date: _____

Signature: _____ Date: _____

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AUTOMATIC PAYMENT/DIRECT DEPOSIT CHECKLIST

Payment Type	Company	Account Number	Amount	Date of Payment
Mortgage/Rent				
Auto Loan 1				
Auto Loan 2				
Insurance				
Credit Card 1				
Credit Card 2				
Gas/Oil				
Electric				
Cable/TV				
Telephone				
Cell Phone				
Water				
Trash Removal				
Internet				
Health Club				
Investments				
IRA/Retirement				
Charities				
Daycare				
Tuition/School Expenses				
Other:				

Direct Deposit	Company	Account Number	Amount	Date of Payment
Employee/Payroll				
Pension(s)/Retirement Plans				
Social Security				
Investment Income				
Other				

Helpful Phone Numbers:				
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Social Security Office

1-800-772-1213

www.ssa.gov

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