

Payment Deposit Switch Form

Complete this form for each automatic payment you have. Then mail the form to the appropriate company or organization that is responsible for processing your automatic payment.

Reminder — A separate form for each request must be completed. Make additional copies, if necessary.

TO:

Company Name _____

Company Address _____

City _____ State _____ Zip Code _____

FROM:

Name _____

Address _____

City _____ State _____ Zip Code _____

ID Number or Department _____

Redirect My:

Automatic Payment Automatic Deposit

To my new FIRST NATIONAL BANK checking account effective:

Immediately or Beginning on: Month _____ Day _____ Year _____

Account Number _____

Routing Number _____

Social Security or Tax ID Number _____

Daytime Phone Number _____

Signature _____

Date _____