



*We are delighted you are considering moving your account(s) to First National Bank! You will find that not only do we offer many of the traditional services you expect from your financial institution, we offer so much more! We truly believe you will find FNB service to stand out from the rest. Don't take our word for it, we encourage you to ask our customers.*

*Switching banks can be a complicated process and result in unnecessary overdraft fees and missed deposits, if not properly coordinated. That's why we have developed a "switch kit" that details the process from start to finish. Just follow these 5 simple steps and the subsequent instructions, and you will be well on your way to experiencing the FNB difference.*



## 5 Simple Steps to Follow

### ***1. Open a First National Bank & Trust Company checking account!***

- Any of our new account representatives are ready to review our various account options with you. To make this process even smoother, we have provided a customer information sheet that outlines the information you will need to open your new account. Just complete the worksheet on page 2 and bring it with you. Welcome to the FNB Way!

### ***2. Stop using your old account(s)***

- To avoid any unnecessary fees, allow plenty of time for outstanding checks to clear. Destroy any unused checks, deposit slips, and/or debit cards. If your home shredder cannot handle a book of checks, just bring them by and we will shred them for you.

### ***3. Change your direct deposits to First National Bank***

- We have included a direct deposit request form in this switch kit to make this process easy! We have even included the appropriate form(s) at the end of this document, if you have a social security deposit to move. Now is a great time to sign up for online banking, so you may monitor when your new direct deposit actually starts.

### ***4. Transfer any automatic payments and withdrawals to FNB***

- Use our automatic withdrawal change form to assist in making a quick change.

### ***5. Close your previous checking account***

- Use our sample letter with your previous bank to let them know your account can be closed.



## New Account Information Worksheet

In order to expedite the account opening process, there is some information you can make ready prior to coming in. This is not an account agreement and will simply be used to assist us during the account opening process. Once the account is opened, we will properly dispose of this document, so you don't have to worry about your personal information.

Primary Account Holder	
Name:	Social Security #:
Date of Birth:	
Street Address:	
Driver's License #:	<b><i>*Need to bring a valid photo ID</i></b>
Home Phone:	Mobile Phone:
Employer:	Work Phone:
Email Address:	
Joint Account Holder (if applicable)	
If additional account holders are requested, simply use a copy of this page for additional person(s)	
Name:	Social Security #:
Date of Birth:	
Mailing Address:	
Driver's License #:	<b><i>*Need to bring a valid photo ID</i></b>
Home Phone:	Mobile Phone:
Employer:	Work Phone:
Email Address:	

I am interested in learning more about the following (check all that apply):

<input type="checkbox"/> Checking Accounts	<input type="checkbox"/> Internet Banking	<input type="checkbox"/> Christmas Clubs
<input type="checkbox"/> Savings Accounts	<input type="checkbox"/> Online Bill Payment	<input type="checkbox"/> Business Accounts
<input type="checkbox"/> Certificates of Deposit	<input type="checkbox"/> Trust Services	<input type="checkbox"/> Phone Banking
<input type="checkbox"/> Individual Retirement Accounts	<input type="checkbox"/> Farm Management Services	<input type="checkbox"/> Electronic Statements
<input type="checkbox"/> Loans	<input type="checkbox"/> Safe Deposit Box	<input type="checkbox"/> Other (Please Specify): _____
<input type="checkbox"/> VISA Check Cards	<input type="checkbox"/> Night Deposit Services	_____



## Direct Deposit Change Form

Date: \_\_\_\_\_

To Whom It May Concern:

I have opened an account with First National Bank & Trust Company of Clinton, IL and am requesting that all future direct deposits be sent to my account with them as follows. I have also attached a voided deposit slip for your convenience. If you have any questions, please feel free to contact me.

### New Account Information

### Old Account Information

\_\_\_\_\_  
 (Customer Name)

**First National Bank and Trust Company**  
 (New Financial Institution)

**071103952**  
 (First National Bank Routing Number)

\_\_\_\_\_  
 (My First National Bank Account Number)

\_\_\_\_\_  
 (Customer Name)

\_\_\_\_\_  
 (Former Financial Institution)

\_\_\_\_\_  
 (Former Financial Institution Routing Number)

\_\_\_\_\_  
 (Former Account Number)

Please Indicate Which:

- Checking Account
- Savings Account

Thank You,

\_\_\_\_\_

\_\_\_\_\_

(Signature)





## Automatic Debit Change Request Form

Date: \_\_\_\_\_

To Whom It May Concern:

I have opened an account with First National Bank & Trust Company of Clinton, IL and am requesting that all future automatic withdrawals be sent to my account with them as follows. If you have any questions, please feel free to contact me.

### New Account Information

\_\_\_\_\_  
(Customer Name)  
  
First National Bank and Trust Company  
\_\_\_\_\_  
(New Financial Institution)  
  
071103952  
\_\_\_\_\_  
(First National Bank Routing Number)  
  
\_\_\_\_\_  
(My First National Bank Account Number)

### Old Account Information

\_\_\_\_\_  
(Former Financial Institution)  
  
\_\_\_\_\_  
(Account Number)  
  
\_\_\_\_\_  
(Automatic Withdrawal Amount)  
  
\_\_\_\_\_  
(Automatic Withdrawal Date)

Please indicate which:

- Checking Account  
 Savings Account

Thank You,

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)



## Request to Close Account(s)

Date: \_\_\_\_\_

To Whom It May Concern:

I am requesting that the following account(s) with your institution be closed, along with any related services, such as a debit card or online banking. Please mail a check payable to the appropriate account owners for any remaining balance and interest due (if applicable) to:

- First National Bank & Trust Co. (please include a copy of this form in the envelope)  
P.O. Box 191  
Clinton, IL 61727
- To my (our) current mailing address on file with your institution.

If you have any questions, please feel free to contact me.

\_\_\_\_\_  
(Customer Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Account Number(s) to Close)

\_\_\_\_\_  
(Phone #)

Thank You,

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

## DIRECT DEPOSIT SIGN-UP FORM

### DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A</b> NAME OF PAYEE ( <i>last, first, middle initial</i> )		<b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																				
ADDRESS ( <i>street, route, P.O. Box, APO/FPO</i> )		<b>E</b> DEPOSITOR ACCOUNT NUMBER <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>																				
CITY	STATE	ZIP CODE																				
TELEPHONE NUMBER AREA CODE		<b>F</b> TYPE OF PAYMENT ( <i>Check only one</i> )																				
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security																				
<b>C</b> CLAIM OR PAYROLL ID NUMBER		<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay																				
Prefix		<input type="checkbox"/> Supplemental Security Income																				
Suffix		<input type="checkbox"/> Mil. Active _____																				
<b>PAYEE/JOINT PAYEE CERTIFICATION</b>		<input type="checkbox"/> Railroad Retirement																				
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		<input type="checkbox"/> Civil Service Retirement (OPM)																				
SIGNATURE		<input type="checkbox"/> Mil. Survivor _____																				
DATE		<input type="checkbox"/> VA Compensation or Pension																				
SIGNATURE		<input type="checkbox"/> Other _____																				
DATE		<i>(specify)</i>																				
<b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b>		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</i> )																				
I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.		TYPE																				
SIGNATURE		AMOUNT																				
DATE																						
SIGNATURE																						
DATE																						

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT											
		<table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>												<table border="1" style="width: 25px; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 25px;"></td> </tr> </table>	
DEPOSITOR ACCOUNT TITLE															
<b>FINANCIAL INSTITUTION CERTIFICATION</b>															
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.															
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE												

Financial institutions should refer to the GREEN BOOK for further instructions.

**THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.**

**BURDEN ESTIMATE STATEMENT**

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

**PLEASE READ THIS CAREFULLY**

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

**INFORMATION FOUND ON CHECKS**

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

**United States Treasury** 15-51  
000  
AUSTIN, TEXAS

Month Day Year  
08 31 84

Check No.  
0000 415785

Pay to the order of

28 28

DOLLARS CTS  
\$\*\*\*\*100 00

**NOT NEGOTIABLE**

①:00000518① 041571926①

**SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS**

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

**CANCELLATION**

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

**CHANGING RECEIVING FINANCIAL INSTITUTIONS**

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

**FALSE STATEMENTS OR FRAUDULENT CLAIMS**

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.