

SIMPLE SWITCH KIT

6 Simple Steps!

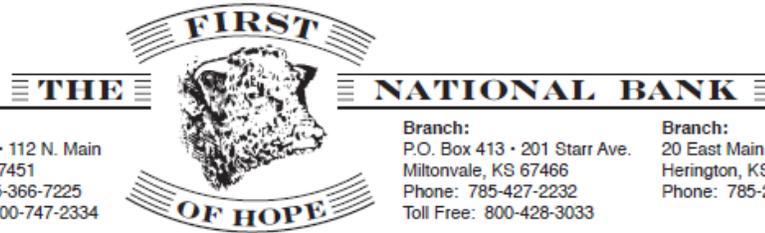
1. Open your new account at the First National Bank of Hope.
2. Sign up for Online Banking.
3. Stop using your former account and begin using your new account from the First National Bank of Hope as soon as possible.
4. Change your Direct Deposits to your new account.
5. Change your Automatic Payments to your new account.
6. Close your former account at the other institution.

3 Simple Forms!

1. Direct Deposit Authorization Change Form
2. Automatic Payment Authorization Form
3. Account Closing Request Form

Getting started is simple! Use the checklist on the next page to help you organize what you need to simply switch to the First National Bank of Hope. This information will help you complete the various forms mentioned above.

Now, print the entire Simple Switch Kit and submit the forms to the appropriate individual or entity. It's that simple!



www.fnbks.com
hope@fnbks.com

Main:
PO Box 67 • 112 N. Main
Hope, KS 67451
Phone: 785-366-7225
Toll Free: 800-747-2334

Branch:
P.O. Box 413 • 201 Starr Ave.
Miltonvale, KS 67466
Phone: 785-427-2232
Toll Free: 800-428-3033

Branch:
20 East Main
Herrington, KS 67449
Phone: 785-258-6611

SIMPLE SWITCH KIT

Use this form to gather all of your auto pay and deposit information in one place for easy reference.
This will also assist you in setting up paying your bills online through the First National Bank.

Automatic Payment Checklist				
Payment	Company	Account Number	Amount	Date of Payment
Auto Loans				
Cable/TV				
Cell Phone				
Charities				
Credit Cards				
Daycare				
Electric				
Gas/Oil				
Health Club				
Insurance				
Internet Provider				
Investments				
IRA/Retirement				
Mortgage/Rent				
Telephone				
Trash Removal				
Tuition/School Expense				
Water				
Other				
Other				

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

Direct Deposit Authorization Change Form

Date



Company Name

SIMPLE SWITCH KIT

City, State, Zip Code

To Whom It May Concern:

I have recently changed banks and would like to change my account information for all direct deposits. Please begin making all deposits to my new account at the First National Bank of Hope.

If you have any questions regarding this request, please contact me via the information below. Thank you for your assistance.

Sincerely,

Authorized Signer

Date

Direct Deposit Information		
Name	Social Security Number or Employee Number	
Address	City/State	Zip
Phone (Day)	Phone (Cell)	Phone (Evening)
Old Bank Name	Old Routing Number	Old Account Number
The First National Bank of Hope	101114031	
New Bank Name	New Routing Number	New Account Number

Automatic Payment Authorization Form

Date



Company Name

SIMPLE SWITCH KIT

City, State, Zip Code

To Whom It May Concern:

I have recently changed banks and would like my automatic payment with your company changed to my new account. Please discontinue debiting my old bank account and begin making automatic withdrawals from my new account at The First National Bank of Hope.

If you have any questions regarding this request, please contact me via the information below. Thank you for your assistance.

Sincerely,

Authorized Signer

Date

Automatic Payment Information		
Name	Phone (Day)	Phone (Evening)
Address	City/State	Zip
Amount debited (Enter payment amount or "amount due")		
Old Bank Name	Routing Number	Account Number
Payment or Reason	Date of Payment	
The First National Bank of Hope	101114031	
New Bank Name	Routing Number	Account Number

Account Closing Request

Date



Company Name

SIMPLE SWITCH KIT

City, State, Zip Code

To Whom It May Concern:

Please accept this letter as my authorization to close my account(s) at your bank. Please close the below accounts and send me a check for the remaining balance(s) to my address.

If you have any questions regarding this request, please contact me at via the information below. Thank you for your assistance.

Sincerely,

Authorized Signer

Date

Account Closing Request

Account #1

Account #2

Account #3

Name

Phone (Day)

Phone (Evening)

Address

City/State

Zip