## Make the Simple Switch To

# FIRST PIONEER

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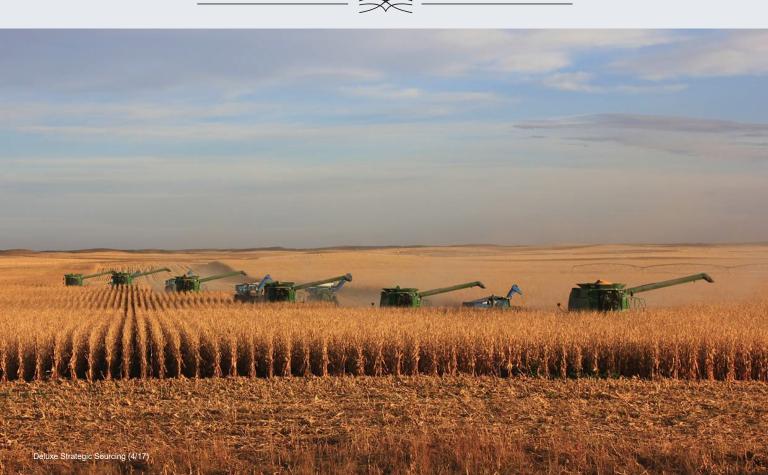
P.O. Box 96 • (970) 332-4824 P.O. Box 27 • (970) 854-2227 Wray, Colorado 80758

Holyoke, Colorado 80734



www.fpnb.bank





## A Simple Switch

to clear and for all automatic transactions to be set up with us.

nform your employer about your Direct Deposit change request. Use our Simple Direct Deposit Authorization Form to simplify this move (included in this switch kit). We will help you complete or you can complete at home. This will include payments from Social Security, the Department of Veterans Affairs and the Railroad Retirement Board.

w ove your automatic payments and/or withdrawals to your new First Pioneer National Bank account. Use First Pioneer National Bank's Simple Switch Payment/Deposit form to help simplify the transition (included in this switch kit).

Pay your bills online with First Pioneer National Bank's BillPay. Use the Simple Switch BillPay Worksheet to guide you through this simple set-up (included in this switch kit).

et your previous bank know that you would like to close your old account. Use the Simple Switch Account Closure Form to make this simple request (included in this switch kit).





## **New Account Checklist**

Direct Deposits, Payroll & Government Checks			
Payroll	Investments		
Retirement Plans	Social Security		
Other			
Automatic Pa	lyments		
🗌 Home Mortgage / Rent	Gas & Electric	Use this checklist to help you remember which direct	
Auto Loans	Cable / Satellite TV	deposits and automatic payments you can now schedule with your	
Home Equity Loans	Online Services	new FIRST PIONEER NATIONAL BANK account.	
Student Loans	Telephone		
Health Insurance	Cell Phone		
Life Insurance	Club Memberships	FIRST PIONEER	
Car Insurance	Investments & Annuities	Member FDIC	
Credit Cards	Charitable Contributions	LENDER	
Water Company	Subscriptions		
Other			

### **BillPay Worksheet**

Use FIRST PIONEER NATIONAL BANK'S Simple Switch BillPay Worksheet to identify all of the payees that you would like to enter into FIRST PIONEER NATIONAL BANK'S convenient & easy to use online BillPay service.

Payee	Address	City	State
Account Number	Account Description	Phone Number	Zip Code
Рауее	Address	City	State
Account Number	Account Description	Phone Number	Zip Code
Рауее	Address	City	State
Account Number	Account Description	Phone Number	Zip Code
Рауее	Address	City	State
Account Number	Account Description	Phone Number	Zip Code
Payee	Address	City	State
Account Number	Account Description	Phone Number	Zip Code
Payee	Address	City	State
Account Number	Account Description	Phone Number	Zip Code





## **Direct Deposit Authorization Form**

#### **PERSONAL INFORMATION:**

First Name	Last Name		Use this form to notify any
			company making automatic
Street Address			deposits into your current
		cl	hecking and/or savings account.
City	State Zi	Code Fo	or payroll deposits, take this form
			to your Human Resources
Work Phone	Home Phone		Department.
Social Security or TIN	Employee ID (If a	oplicable)	
 Employer Name	Employer Phone		'ou may also complete Treasury
OLD ACCOUNT INFORMATIO		Dep	partment Standard Form 1199a to
	<u>.</u> .	requ	uest an automatic deposit change
Previous Account # (If applicable)	Previous Bank Name	(If applicable )	for Social Security or other
			government payments.
Account Type Checking	OR Savings		
Amount % of Net	t Pay OR Ş		AKE SURE TO ATTACH A VOIDED CHECK TO THIS FORM.
NEW ACCOUNT INFORMATIO	<u>N:</u>		
FIRST PIONEER NATIONAL BANK: N	ew Routing Number		
New Account Number	Effective Date		
Account Type Checking	OR Savings		
Amount % of Ne	t Pay OR \$		
SIGNATURE		DATE	







## **Payment/Deposit Switch Form**

#### <u>To</u>:

Company Name			
Company Address			
City	State	Zip Code	
<u>From</u> :			Complete this form for automatic payment yo
Name			Then mail the form to the company or organization
Address			responsible for process
City	State	Zip Code	automatic payme
ID Number or Department			
<u>Redirect my</u> :			
Automatic Payment	Automatic Deposit		Reminder
To my new FIRST PIONEER NATIONAL	BANK checking acc	ount effective:	A separate form for eac must be completed.
Immediately 🗌 OR Begir	ning / Mo Day		additional copies, if no
Account Number	Routing Numb	er	FIRST PION
Social Security or Tax ID Number			Member FDIC
Daytime Phone Number			

### **Account Closure Form**

#### To Whom It May Concern: Please close the following account:

			Prior to closing, allow 1 - 2 months
Account Holder(s)			for all checks to clear and all
Account Number	Account Type		automatic transactions to be setup with your new bank account.
Social Security or Tax ID Number			
Check the Appropriate Boxes:			
No disbursement of funds is nece	essary		
Select An Option			Complete this form and mail it to your previous bank. This will help ensure
I have deposited a check into my new account for the remaining account balance.			your old bank account(s) is closed and all funds are transferred to your new
Send me a check for the remaining	ng balance of my acc	ount payable to:	bank account.
Name			FIRST PIONEER
Address			Reminder
City	State	Zip Code	A separate form for each account type must be completed.
Thank you for resolving this matter.			Make additional copies, if necessary.
Sincerely,			Member FDIC
CUSTOMER SIGNATURE		DATE	