

#### You work hard for your money. You shouldn't have to work hard to move it.

When was the last time you heard someone say, "I love my bank!"? You might be tempted to utter those words once you switch to FNNB Bank. That's because FNNB combines the value, hometown service and local convenience you've been looking for — all to make banking easier for you.

We've taken the hassle out of moving your checking account from your old bank with step-by-step instructions and simple-to-complete forms.

- 1. Drop by our main office at 100 N. 2<sup>nd</sup> Ave. W. or our Colonial Plaza location at 1821 First Ave. E. in Newton to open your new checking account. We offer lots of checking options. We're sure to have an account to fit your banking needs.
- 2. Stop using your old checking account and let the checks you have written clear. (This should take approximately two weeks.)
- 3. To set up your direct deposit, use FORM 1 and give it to your employer, your retirement plan or the Social Security Administration (you may also call 1-800-333-1795 or visit GoDirect.org to set up direct deposit for Social Security payments). Be sure to include a voided FNNB check (not a deposit slip) with your request. Please feel free to make as many copies of this form as needed. The number to switch where your social security benefits are deposited is 1-800-772-1213 or local office number is 1-877-819-2595.
- 4. Change your automatic payments. You can use FORM 2 to change any withdrawals or payments that are automatically made from your old account. Don't forget to change those payments that use your debit card number, such as an automatic payment made online. Please feel free to make as many copies of FORM 2 as needed.
- 5. Close your old account. Now that your checks have cleared and you've changed your automatic deposits and payments, there's just one more step. Use FORM 3 to say goodbye to your old bank. What could be easier? Please feel free to make as many copies of FORM 3 as needed.

If you have any questions or concerns during this process, don't hesitate to contact us. We can be reached by telephone at 641-792-3010. Our main office lobby hours are 9:00 am – 4:30 pm Monday through Friday and 8:30 am – 11:00 am on Saturday. FNNB Bank is Member FDIC Insured.



### Form 1

# Please change the account for my direct deposit.

Date		Company Making Direct Deposit
Company Address		City/State/ZIP
To whom it may o	concern:	
You are currently deposit following account:	ing my entire paycheck or part of my payched	ck or a type of payment into the
My Old Bank	My Old Bank's Routing Number	My Old Account Number
Please begin making thes	e automatic deposits into my new FNNB Bank	caccount.
Routing Number		My New Account Number
If you have any questions	about this request, please call me. Thank you	<i>.</i>
Name (please print)		Signature
Address		City, State, ZIP
Telephone: Day / Evenii	ng (circle one)	

Please include a voided FNNB Bank (Member FDIC) check (not a deposit slip) with your request.



### Form 2

# Please change accounts for my automatic payments.

Date		Company Making Withdrawal
Company Address		City/State/ZIP
To whom it may	concern:	
I have recently changed	d to FNNB Bank. You are currently withdrawing	
\$each m	onth from the following account:	
My Old Bank	My Old Bank's Routing Number	My Old Account Number
For (payment or reasor	n)	On (date of month)
•	hdrawals from this account on (date: MM/DD/YY new First Newton National Bank account.	')/and start
My New Bank's Routing	g Number	My New Account Number
If you have any question	ons about this request, please call me. Thank you.	
Name (please print)		Signature
Address		City, State, ZIP
Telephone: Day / Eve	ning (circle one)	

Telephone: Day / Evening (circle one)

Please include a voided FNNB Bank (Member FDIC) check (not a deposit slip) with your request.



### Form 3

Please	close	my	account	•

Date	
Bank Name	
Address	
City/State/ZIP	
To whom it may concern:	
Please close the following account number:	
and send a check for the balance remaining to the address below.	
If you have any questions about this request, please call me. Thank you.	
Name (please print)	Signature
Co-signer Name (please print)	Co-signer Signature
Address	City, State, ZIP
Telephone: Day / Evening (circle one)	

**FNNB Bank, Member FDIC.**