

Direct Deposit & Automatic Payment Checklist

Automatic Payments Checklist

Payment	Company	Account #	Date of Payment	Letter Sent
Mortgage/Rent				
Auto Loans				
Insurance:				
Life				
Home Owner's				
Car				
Pet				
Other				
Credit Cards				
Gas/Oil				
Electric				
Cable/TV				
Internet				
Telephone				
Cell Phone				
Water/Sewer				
Garbage				
Health Club				
Investments				
IRA/ Retirement				
Charities				
Daycare				
Other				

Automatic Deposit Checklist

Payment	Company	Account #	Date of Deposit	Letter Sent
Employee Payroll				
Pension(s)				
Retirement Plans				
Social Security				
Investment				
Incomes				
Other				

Don't forget to destroy

- ☐ Old Checks
- ☐ Debit Cards
- ☐ Deposit Slips

Don't forget to switch your Online Bill Payees


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Direct Deposit & Automatic Payment Change Request

Print this page for each Direct Deposit or Automatic Payment you wish to change.

Company Name:

Company Address:

Company City, State, & Zip:

My Account Number (with your company):

Please make the following changes effective immediately:

Please change my ☐ Direct Deposit

☐ Automatic Payment

Current Information:

☐ Savings ☐ Checking

Account Number:

Routing Number:

Bank Name:

Bank Address:

City, State, & Zip

New Information:

☐ Savings ☐ Checking

Account Number:

Routing Number:

Bank Name:

Bank Address:

City, State, & Zip

☐ I have attached a voided check or deposit ticket to verify my new account information.

Date

Print Name

Customer Signature

Address

City, State, & Zip

Phone Number

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Notice To Close Account

Previous Financial Institution Information:

Financial Institution:

Financial Institution Address:

City, State, & Zip:

Please close my:

☐ Checking Account Number:

☐ Savings Account Number:

I hereby authorize the closure of the account(s) listed above. I have made sure that no more checks or automatic transactions will occur to this account.

Please mail balances to:

First National Bank
435 S. Washington St.
PO Box 68
New Bremen, OH 45869

Your Name:

Your Address:

City, State, & Zip:

Phone Number:

First National Bank Account Number:

Customer Signature _____

Date _____

Joint Owner Signature _____
(if applicable)

Date _____

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