

# SWITCH<sup>Kit</sup>

FNCB<sup>®</sup> makes switching banks simple.



# Welcome

1-877-TRY FNCB | [fncb.com](http://fncb.com) | Member FDIC



Simply a better bank.™



**Are you ready for better?** If you thought switching banks was a difficult process, think again. At FNCB® we make switching simple and easy. Just follow the step-by-step instructions in our Switch Kit and you will see what makes FNCB® Simply a better bank.™

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- STEP 1**    **Open an FNCB® Checking Account in person, online or via phone.**
- Stop by any of the 21 conveniently located Community Offices located in Lackawanna, Luzerne, Wayne and Monroe counties.
  - Apply online at [www.fncb.com](http://www.fncb.com)
  - Call our locally based Customer Care Center: 1-877-TRY-FNCB.
- STEP 2**    **Stop using your previous checking account.**
- Allow time for outstanding checks to clear and make sure automatic withdrawals have been transferred to your new FNCB® account.
- STEP 3**    **Move your Direct Deposit(s) to FNCB®.**
- Use the Direct Deposit Authorization Form to change your existing direct deposits.
- STEP 4**    **Transfer Automatic Payments and Withdrawals to FNCB®.**
- Use the Authorization to Change Automatic Payments Form.
- STEP 5**    **Close your previous checking account.**
- Use the Request to Close Account Form to close your account(s) at the previous institution.
  - For added security, destroy all remaining checks and deposit slips after closing your previous account(s).

**Welcome to better!**





# Checking Account Application

## PRIMARY ACCOUNT HOLDER

Name \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Type of identification document (Driver's License or other type of photo ID) \_\_\_\_\_  
Issued by \_\_\_\_\_ Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Mother's maiden name \_\_\_\_\_

## SECONDARY ACCOUNT HOLDER

Name \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Type of identification document (Driver's License or other type of photo ID) \_\_\_\_\_  
Issued by \_\_\_\_\_ Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Mother's maiden name \_\_\_\_\_

## IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.



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# Direct Deposit Authorization

Date \_\_\_\_\_ Social Security # \_\_\_\_\_

To \_\_\_\_\_ Address \_\_\_\_\_  
(Company/Employer Name)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please accept this letter as authorization to change the bank account information for direct deposit in the name of**

\_\_\_\_\_

Payment Type (i.e. Payroll, Pension/Retirement, Investment Income, other - please specify) \_\_\_\_\_

**Primary Account Holder** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Secondary Account Holder** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Financial Institution \_\_\_\_\_ Previous Account # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**New Financial Institution:** First National Community Bank  
102 East Drinker St.  
Dunmore, PA 18512  
1-877-TRY-FNCB

New Account # \_\_\_\_\_  
ABA Routing # 031303132  
**(Attach a voided FNCB check)**

If you should have any questions regarding this change, please call my daytime phone number \_\_\_\_\_

I hereby authorize this change in automatic payments effective \_\_\_\_\_

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

\_\_\_\_\_



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# Change Automatic Payments

To whom it may concern:

**I am writing to request and authorize you to change the account from which your company debits my automatic payments. Below is the necessary information to fulfill this request.**

Company Name: \_\_\_\_\_

Account Number \_\_\_\_\_

Name on Account \_\_\_\_\_

My Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

My Daytime Phone Number \_\_\_\_\_

**Please discontinue making payments from my old account:**

Previous Financial Institution: \_\_\_\_\_

ABA/Routing # \_\_\_\_\_

Account # \_\_\_\_\_

**I hereby authorize any future automatic payments to be electronically debited from my new FNCB® bank account.**

First National Community Bank  
102 East Drinker St.  
Dunmore, PA 18512  
1-877-TRY-FNCB

New Account # \_\_\_\_\_

ABA Routing # 031303132

**Please send me written confirmation of when the change will be effective.**

Thank you for your cooperation,

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

\_\_\_\_\_  
(Date)

**If there are multiple payments involved, please complete a form for each account.**



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# Request to Close Account

To whom it may concern:

**I hereby request that you close the following bank account I maintain with you:**

Bank Name: \_\_\_\_\_

Account Number \_\_\_\_\_

Primary Name on Account \_\_\_\_\_

Secondary Name on Account \_\_\_\_\_

**Please forward a check for all funds remaining in the account to my attention at:**

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

**If you have any questions, please contact me at the above daytime phone number.**

Thank you for your cooperation,

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

**Verify all checks and payments have cleared prior to submitting this form to close your account.**

