First National Bank

Personal Switch Kit
Automatic Payments

RE: Instructions for Changing Automatic Payments

I authorize (Company Name): _____ (Acct Number): _____ to initiate entries to my Checking/Savings account. This authority will remain in effect until I notify you in writing to cancel, allowing time for the financial institution to act on it. I can stop payment of any entry by notifying my financial institution at least 5 days before my account is charged.

I currently have automatic payments coming from:

Financial Institution:_____
Account Number: _____
Bank Routing Number: _____

Please change this to my new account with First National Bank as soon possible.

First National Bank
4140 East State Street
Hermitage, PA 16148
Routing # 043318092
Type of Account (Checking or Savings): _____
New Account Number:_____

If there are any questions concerning this request, please contact me using the information below.
Thank You.

_____
(signature of primary signer) (date)

Printed Name:_____
Address:_____
Telephone:_____