



**Make The Switch to**

**FIRST COMMUNITY BANK**

This easy to use kit includes everything you need to make moving your checking account a breeze. Simply follow these five easy steps and the enclosed forms.

### **Step 1: Open your Arbor Bank account**

Stop by any First Community Bank location to open your account. Our qualified account representatives will find a type of account that will fit your needs. We will complete Step 1 for you!

### **Step 2: Change Direct Deposits**

Fill out the enclosed form and give it to your employer or any other company that deposits funds into your account. NOTE: Changes to Social Security direct deposits may be made by calling 1-800-772-1213.

### **Step 3: Change Automatic Payments**

Use the enclosed form to change all automatic withdrawals or automated payment services. Be sure to include any payments that use your old debit card number.

### **Step 4: Stop using your old account**

Let all of your checks clear and make sure all of your direct deposits and automatic withdrawals have started to come out of your new First Community Bank account. Destroy any unused checks, deposit slips, and debit cards.

### **Step 5: Close your old account**

Send the enclosed form to your old bank. If there are funds remaining in your old account, a check will be sent to you for the balance.

#### **FIRST COMMUNITY BANK**

– *Sidney*  
716 Illinois, PO Box 189  
Sidney, IA 51652  
(712) 374-2622  
Fax: (712) 674-2677

#### **FIRST COMMUNITY BANK**

– *Omaha*  
2945 S 132nd Street  
Omaha, NE 68144  
(402) 964-0595  
Fax: (402) 964-0856

[www.arborbanking.com](http://www.arborbanking.com)  
Member FDIC  
Equal Housing Lender

## Step 2: Direct Deposit and Direct Payments Authorization Form

### Authorization Agreement

Complete this form to authorize an employer, other companies, or agencies to directly deposit your payroll or other income to your First Community Bank checking, savings, or money market account. Use one form for each direct deposit. Make additional copies as needed.

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Account Information

Effective immediately, please deposit my funds automatically into the account listed below. This authorization will remain in effect until I have submitted a new authorization or until this authorization is revoked by me in writing.

First Community Bank Account Type:  Checking  Savings

First Community Bank Account Number: \_\_\_\_\_

First Community Bank ABA Routing Number :104906233

First Community Bank Street Address:  716 Illinois Ave  
Sidney, IA 51652  2945 S 132nd St  
Omaha, NE 68144

*Complete this section only if this direct deposit is currently posting to your former bank account:*

Current Automatic Deposit Description: \_\_\_\_\_

Name of Previous Financial Institution: \_\_\_\_\_

Previous Account Number: \_\_\_\_\_ Previous Routing Number: \_\_\_\_\_

### Signature

Primary Accountholder's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Joint Accountholder's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Step 3: Automatic Payment Authorization Form

### Authorization Agreement

Complete this form to authorize your service providers to electronically debit your First Community Bank checking, savings, or money market account. Use one form for each automatic payment. Make additional copies as needed. Mail to service provider when completed.

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Service Provider

Name of Service Provider: \_\_\_\_\_

Service Provider's Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Account Number with Service Provider: \_\_\_\_\_

### Account Information

Effective immediately, please use the account listed below for the automatic payment.

First Community Bank Account Type:  Checking  Savings

First Community Bank Account Number: \_\_\_\_\_

First Community Bank ABA Routing Number :104906233

First Community Bank Street Address:  716 Illinois Ave  
Sidney, IA 51652  2945 S 132nd St  
Omaha, NE 68144

*I am closing the existing account number \_\_\_\_\_ from which you are currently authorized to deduct automatic payments. This form authorizes you to establish an automatic payment deduction from my new First Community Bank account effective on this date \_\_\_\_\_.*

### Signature

I authorize the service provider listed above to initiate payments from my First Community Bank account also listed above. This authorization will remain in effect until you receive a written notice of termination from me. I acknowledge the origination of ACH transactions to my account must comply with the provision of US laws.

Primary Accountholder's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Joint Accountholder's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Step 5: Account Closure Request

### Close the accounts at your former financial institution

This account closure request allows you to specify the date you want your former account closed and where you want your remaining balance sent

Today's Date: \_\_\_\_\_ Former Account Number(s): \_\_\_\_\_

Name of Former Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Effective as of (Date): \_\_\_\_\_

### Authorization

This letter serves as a request to close account(s) # \_\_\_\_\_.  
Please send a check for the remaining balance to the address listed below.  
If you have any questions please contact me at the following number  
(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Thank You

### Account Holder Name and Address

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Signature

Primary Signature \_\_\_\_\_ Date: \_\_\_\_\_

Joint Signature \_\_\_\_\_ Date: \_\_\_\_\_