

Switch to FNCB Bank in 5 Easy Steps

Welcome to FNCB Bank where we make switching banks simple and easy. Just follow these step-by-step instructions and you will see how FNCB makes your banking experience simply better.

1 Open a new FNCB Checking account in person or online.

- Stop by any of our conveniently located Community Offices.
- Apply Online at FNCB.com.

Your New FNCB Account number: _____ FNCB Routing number: 031303132

2 Stop using your previous checking account.

- Important: Before you close your former bank account(s) allow time for outstanding checks to clear and automatic payments and direct deposits to transition to your new account.
- Determine how much money you will need to leave in your former account to cover these transactions.

3 Move your direct deposits to FNCB Bank.

Use this handy checklist of common direct deposits to help make sure you remember everything.

- Payroll
- Retirement/Pension
- Social Security
- Investment Income
- Child Support

4 Transfer Automatic Payments and Withdrawals to FNCB.

Automated payments can be debit card, ACH or Bill Pay.

- Identify all of your automatic payments and withdrawals.
- Simplify bill payments and save money by setting up Bill Pay on FNCB.com.

Use this checklist of automatic payments to help:

- Mortgage/Rent
- Car Loan/Lease
- Cell Phone/Telephone
- Credit Card(s)
- Utilities
- Insurance
- Cable/Satellite TV
- Charitable Donations
- Student Loan(s)
- iTunes/Google Play
- Gym
- Internet Service Provider

5 Close your previous checking account.

- For added security remember to destroy unused checks and debit card.
- Be sure all direct deposits have moved to your new account before closing.

Let us help you make this important transition. Bring in two months of bank statements to review for automatic payments, ACH and direct deposit. You may also find the following forms and checklists helpful in making the switch to FNCB.

Questions? Give us a call at 1-877-879-3622 or visit any FNCB Bank Community Office.

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:

FNCB Bank
100 South Blakely 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) _____

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.

FNCB Bank
100 South Blakely 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.

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.