

SWITCH^{Kit}

FNCB[®] makes switching banks simple.



Welcome

1-877-TRY FNCB | fncb.com | Member FDIC





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 19 conveniently located Community Offices located in Lackawanna, Luzerne and Wayne counties.
 - Apply online at 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 _____

Phone _____ E-Mail _____ Employer _____ Occupation _____

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 _____

Phone _____ E-Mail _____ Employer _____ Occupation _____

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.



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
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) _____



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
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.



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.

