# **SWITCH**KIT





## Interested in banking with a smarter bank?

FNBD has made the process of switching your bank accounts easy!

Simply follow the steps.

**Open an account with FNBD.** Stop by your local FNBD branch! We offer several checking options, and our Customer Service Representatives (CSR) can assist you with finding the account that works best for you. You can make the account opening process faster by completing our Switch Kit Account Holder Information & Survey (page 2) prior to coming in the branch.

3

**Stop using your old account.** Let the checks you have written clear, making sure to maintain a sufficient balance in the account to cover outstanding checks or any additional payments. Begin using your FNBD account once sufficient funds are deposited.

2

**Sign up for Online Banking.** Use our Online Banking and convenient Mobile Banking app to help manage the transition to FNBD. Ask your CSR for more information on how to sign up!

4

**Re-direct your Direct Deposits.** Simply complete the Direct Deposit Authorization Change Form *(page 5)*, and submit to your employer's Human Resources department or to the applicable company.

Close your old account. Complete the Account Closing Form (page 7), and mail it to your previous financial institution. Once all checks have cleared, direct deposits have transferred, and you see your automatic payments come out of your new FNBD account, make sure to shred any old checks for your security.

Change your Automatic Payments or Withdrawals. Use the provided Automatic Payment or Withdrawal Authorization Change Form (page 6) to notify applicable parties of your new account information. Make sure to cancel any automatic Bill Pay transactions setup with your former bank and begin using FNBD Online Bill Pay for free.

#### Thank you for choosing FNBD! We look forward to serving you.

If you have any questions or concerns during this process, don't hesitate to contact us. Call us toll free at **1-844-OUR-FNBD** (1-844-687-3623) to speak with a Customer Service Representative about opening a checking account.

# Switch Kit Account Holder Information & Survey

Use this worksheet to collect information that will be needed to establish your new banking relationship with FNBD. Please complete this form for each additional joint owner on the account.

**REMINDER:** When you visit our banking center, don't forget your Driver's License or government-issued photo ID.

First Name	Middle Name	Last Name	
Address		Apt No.	
City	State	Zip Code	
Social Security Number	Date of Birth	Mother's Maiden Name	
Phone Numbers: Home	Cell	Work	
Employer	Email Address		
What banking products and s	ervices do you have with your cu	urrent institution?	
□ IRA □ Debit Card □ I		Club   Certificate Deposit  G  Bill Pay  Mobile Banking  Overdraft LOC  Other:	
•	d services would you like to use o  ☐ Money Market ☐ Christmas		
	E-Statements □ Online Bankin Juity LOC □ Personal LOC □ (	g □ Bill Pay □ Mobile Banking  Overdraft LOC Other:	

## Your New FNBD Account Information

#### **Financial Institution Information**

First National Bank DeRidder 131 N. Washington St. P.O. Box 700 DeRidder, LA 70634

Routing/Transit Number 065200997			
New Account Numbers and Card Numbers (We'll help you complete this section when you ope	en your account.)		
Checking	Savings		
Money Market	Other		
Debit Card Number	Expiration Date		
Credit Card Number	Expiration Date		
Have your CSR attach a business card here.			

#### Your FNBD Switch Kit Checklist

A	UTOMATIC PAYMENTS/DRAFTS	DI
	Mortgage/Rent	
	Auto Loan	
	Credit Card	
	Auto Insurance	
	Life Insurance	
	Utilities	
	Cable/TV	
	Cell Phone	
	Internet	
	Fitness Club	
	Tuition	
	Childcare	
	Investments	
	IRA/Retirement	
	Other	

#### **DIRECT DEPOSITS**

Direct Deposits:
Payroll
Pension/ Retirement
Social Security
Investment Income
Other
Other
Other
Other

### Direct Deposit Authorization Change Form

Date		
To  Attn: Human Resources/ Payroll Department	(Employer/Company)	Use this form to change your direct deposit account to FNBD.
	(Address Line 1)	We recommend attaching a
		voided check from your new
Primary Account Holder	( 250 2 2)	FNBD account with this request
	(Name)	<b>Note:</b> Your employer or
		provider may have their own
		form required to authorize the
Secondary Account Holder		account change.
	(Name)	
following account:  Old Bank  Old Routing #  Old Account #  Please begin making these automatic deposits into my	new FNBD bank accou	nt:
New Bank First National Bank DeRidder		
New Routing # 065200997		
New Account #		
Thank you, and if you have any questions about this red	quest, please contact m	e at the number below.
Name		
Signature		
Address		
Phone #	<del> </del>	

### Automatic Payment or Withdrawal Authorization Change Form

Date			
Attn: E		_ (Address Line 1) _ (Address Line 2) _ (Name) _ (Address Line 1)	Use this form to change your automatic payments to come out of your FNBD account.  We recommend attaching a voided check from your new FNBD account with this request.  Note: Your provider may have their own form required to authorize the account change.
Secondary Acc	ount Holder		MATHORIZE THE MELONITE CHANGE.
		_ (Name)	
		_ (Address Line 1)	
		_ (Address Line 2)	
Frequency Please stop ma Old Bank Old Routing #	king withdrawals from the following ac	count effective/	<i>J</i> :
And begin dehi	ting payments from my new FNBD acc	ount:	
New Bank	First National Bank DeRidder		
New Routing #			
New Account #		_	
Account Type	□ Checking □ Savings	_	
Thank you, and	l if you have any questions about this re	quest, please contact me	at the number below.
Printed Name			
Signature		-	
Phone #			

# Account Closing Form

Date					
То			(Ba	dress Line 1)	Use this form to close out your old accounts. To close multiple accounts, we recommend completing a form for each.
Primary Account I				,	completing a form for each.
Secondary Accour	nt Holder		(Ad	dress Line 1) ddress Line 2) me)	Make sure all outstanding checks have cleared and that all direct deposits and payments have been setup for your new FNBD account prior to closing your accounts.
To whom it may co		thorization to	o close the ac	count listed below v	vith your institution:
Account #					
Account Type	☐ Checking	☐ Savings		☐ Money Market	
	ank you, and	•		-	erest to my attention at the u may contact me by phone at
Account Holder_					
Signature _					
Phone #	·····				