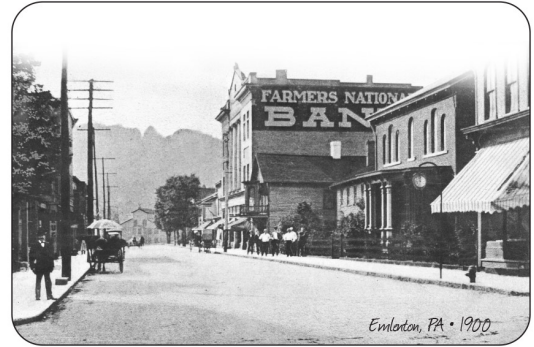


Thank you for your interest in making the switch to Farmers National Bank. When it comes to financial institutions, we know you have many choices. That's why we understand it's about being more than just a bank. At Farmers, we strive to be and do more for our customers and communities. Unparalleled service and attention to detail with each individual customer is something that is not just a promise, it is an expectation that we embrace.



As you consider making the switch to Farmers, we can make the process virtually hassle free. Whether you have automatic deposits or debit payments from your current account, our **Switch Kit** will make it a breeze. Simply follow the steps laid out in this packet and should you have any questions, one of our representatives would be more than happy to assist you.



STEP 1

Open your new checking account at Farmers National Bank. Visit your local [Farmers National Bank location](#) and one of our customer service representatives will assist you with the process.



STEP 2

Change your Direct Deposit information. By using our Direct Deposit Enrollment form, you may notify your company or organization to change your direct deposit to Farmers National Bank. If you have Social Security or another government direct deposit, please use the Social Security Direct Deposit form provided.



STEP 3

Change your Automatic Payments or Withdrawals. By using our Automatic Payment Switch form, you may notify any third parties with whom you currently have automatic payments setup of your new Farmers National Bank account number.



STEP 4

Stop using your old account. To protect yourself, do not close your old account until all of your items clear.



STEP 5

Close your old account. Once all of your items have cleared, use the Request to Close Account form to send to your old financial institution.

DIRECT DEPOSIT AUTHORIZATION

Complete the following form and send to each company with whom you have a direct deposit. For your payroll direct deposit, please give this form to your Human Resources department. Remember to attach a voided check from your new Farmers National Bank checking account.

DATE: _____

To (Company): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

RE: INSTRUCTIONS FOR CHANGING DIRECT DEPOSIT

Dear Employer,

I have recently changed banks and will need to have my payroll direct deposit switched from my old account to my new account with the Farmers National Bank of Emlenton. Below you will find any personal information you may need to aid in this process.

NAME: _____

SOCIAL SECURITY #: _____

Please change my direct deposit to this new account with Farmers National Bank as soon as possible:

TYPE OF ACCOUNT (CHECKING OR SAVINGS): _____

ACCOUNT NUMBER: _____

FARMERS NATIONAL BANK ROUTING NUMBER: **043310139**

If for any reason you may need additional information, please call me at _____.

Thank you.

Sincerely,

SIGNATURE _____

PRINT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ENCLOSED: Voided check from my new Farmers National Bank of Emlenton account.

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE <i>(last, first, middle initial)</i> ADDRESS <i>(street, route, P.O. Box, APO/FPO)</i> CITY STATE ZIP CODE TELEPHONE NUMBER AREA CODE	D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS E DEPOSITOR ACCOUNT NUMBER <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
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SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> CHECK DIGIT <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; margin-left: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>															
DEPOSITOR ACCOUNT TITLE																
FINANCIAL INSTITUTION CERTIFICATION																
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.																
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE													

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.


PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C)** Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F)** Type of payment is printed to the left of the amount.

United States Treasury		15-51 000
	Month Day Year 08 31 84	AUSTIN, TEXAS
Pay to the order of		Check No. 0000 415785
(A)	00 (C)	28 28
(F)		DOLLARS CTS \$****100 00
NOT NEGOTIABLE		
:00000518: 041571926"		

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

AUTOMATIC PAYMENTS

Complete one copy of the following form for each merchant with whom you have an automatic payment. Remember to attach a voided check from your new Farmers National Bank checking account.

DATE: _____

To (Company): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

RE: INSTRUCTIONS FOR CHANGING AUTOMATIC PAYMENTS

To whom it may concern:

I have recently changed banks and will need to have my automatic payments switched from my old account to my new account with the Farmers National Bank of Emlenton. Below you will find any personal information you may need to aid in this process.

NAME: _____

SOCIAL SECURITY #: _____

MY ACCOUNT # WITH YOUR COMPANY: _____

DEPOSIT AMOUNT (if applicable): _____

Please change my direct deposit to this new account with Farmers National Bank as soon as possible:

TYPE OF ACCOUNT (CHECKING OR SAVINGS): _____

ACCOUNT NUMBER: _____

FARMERS NATIONAL BANK ROUTING NUMBER: **043310139**

If for any reason you may need additional information, please call me at _____.

Thank you.

Sincerely,

SIGNATURE _____

PRINT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ENCLOSED: Voided check from my new Farmers National Bank of Emlenton account.

REQUEST TO CLOSE ACCOUNT

Complete the following form to close your old account at another financial institution and request a check for the remaining balance and/or additional funds owed.

DATE: _____

To (Financial Institution Name): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

FROM (Name(s) on Account): _____

SOCIAL SECURITY #: _____

PLEASE CLOSE THE FOLLOWING ACCOUNTS WITH YOUR INSTITUTION:

ACCOUNT TYPE	ACCOUNT #	SEND PAYMENT AT ONCE	DEFER PAYMENT UNTIL CLOSE OF INTEREST PAYMENT

FORWARD FUNDS TO ME AT THE FOLLOWING ADDRESS:

Together with all the interest or dividends that may have become due on the above listed accounts.

ADDRESS: _____

CITY, STATE, ZIP: _____

If for any reason you may need additional information, please call me at _____.

Thank you.

Sincerely,

SIGNATURE _____

JOINT ACCOUNT HOLDER SIGNATURE _____

DATE: _____