

Automatic Payment Switch Form

Complete a copy of this form to redirect your automatic payments. Mail this form, along with a voided check from your new First National Bank account, to each of the businesses or merchants authorized to debit your account.

Merchant Name: _____

Merchant Fax: (_____) _____

- or -

Merchant Address: _____

City, State , Zip: _____

Account Number: _____

(Your account number with this merchant/business.)

Automatic Payment Authorization

I authorize you to initiate payments from my First National Bank of Muskogee checking account and to make (if necessary) adjustments for any debit made in error to my account. This authority will remain in effect until I have given written notice to terminate this service.

Effective date:

Immediately

Beginning ____/____/____

Please change my automatic payment to debit:

Financial Institution: First National Bank of Muskogee

Address: 510 N. Main, Muskogee, OK 74401

Routing (ABA) Number: 103112947

Bank Account Number: _____

Customer Name: _____

Signature: _____

Date: _____

Daytime Phone: (_____) _____

Remember to attach a voided check from your new First National Bank account.