Getting Started

Making the switch to better banking today!

You can make the move to First National Bank of Jeanerette in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to First National Bank of Jeanerette, where you'll enjoy a better experience for all your banking needs!

1

Open your new account.

Apply online in minutes or visit your local branch to open your new First National Bank of Jeanerette account(s).

2

Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to First National Bank of Jeanerette.

3

Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to First National Bank of Jeanerette.





Direct Deposit Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your First National Bank of Jeanerette account. Use one form for each direct deposit.

| Notification of Dir | ect Deposit Auth | orization Chan | ige |
|-------------------------------------|--------------------------|------------------------|------------------------|
| Company or Employer: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| Phone Number: | | | |
| Fax Number: | | | |
| Employee ID: (if applicable) | | | |
| Effective immediately, pl | ease deposit the net ar | mount of my check t | o my First National |
| Bank of Jeanerette accou | ınt. I authorize (name | of depositor) | |
| to automatically deposit | funds into the account | below. This authoriz | ration shall remain in |
| place until I have submit | ted a new authorization | n, or until this autho | rization is changed or |
| revoked by me in writing | | | |
| Place an X next to your des | ired option. | | |
| Net amount t | o First National Bank of | Jeanerette CHECKING | |
| Account # | | Routing # | 065200984 |
| Net amount t | o First National Bank of | Jeanerette SAVINGS | |
| Account # | | Routing # | 065200984 |
| Signature: | | 1 | Date: |
| Name: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| Phone Number: | | | |
| Fax Number: | | | |
| | | | |

Direct Deposit Checklist:

Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits.

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| Investment | |
|------------|--|
| | |
| | |

____ Retirement Plans

____ Social Security





Automatic Withdrawal Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record online on their website.

| Notification of W | ithdrawal Authorization Char | ige |
|---------------------------------|---|------------------------|
| Name of Company: | | |
| Account Number: | | |
| Payment Amount: | | |
| Address: | | |
| City, State, Zip: | | |
| Phone Number: | | |
| Fax Number: | | |
| Please change my auton | natic withdrawal from the following accoun | t: |
| Financial Institution: | | |
| Account # | Bank Routing # | # |
| Please make all future a | utomatic withdrawals from the following ac | count: |
| Financial Institution: | First National Bank of Jeanerette | |
| Account # | Bank Routing # | [‡] 065200984 |
| Thank you very much | | |
| | ain in effect until I have submitted to you a new n writing that this authorization has been chang | |
| Trave been frounce by the n | | |
| Signature: | | Date: |
| | | Date: |
| Signature: | | Date: |
| Signature: | | Date: |
| Signature: Name: Address: | | Date: |

Automatic Withdrawal Checklist:

Use this list to remember all your automatic payments you need to transfer. These are some of the most commonly used automatic payments.

| nme | Mortgage |
|---------|----------|
| | MULEGEC |

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|--|--|--|-----|
| | | | |
| | | | |

____ Insurance

____ Cable/Internet

____ Gym/Club Memberships

____ Credit Cards

____ Investments

____ Subscriptions

___ Charity Donations





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Account Closure Authorization

You can authorize your remaining balance to be deposited automatically to your new First National Bank of Jeanerette account(s) or paid by a check forwarded to your mailing address.

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

| Notification of Account Closure Authorization | | | | |
|---|--|--|--|--|
| To Whom It May Concern |): | | | |
| Financial Institution: | | | | |
| Address: | | | | |
| City, State, Zip: | | | | |
| | | | | |
| Please close my account | | | | |
| Account Number: | Primary Owner: | | | |
| Address: | | | | |
| City, State, Zip: | | | | |
| | | | | |
| Please send the remaining | | | | |
| Place an X next to your desi | ired option. | | | |
| Please depos | sit directly to my new account at First National Bank of Jeanerette. | | | |
| Account # | Routing # 065200984 | | | |
| Please forwa | rd me a check to my address listed below. | | | |
| | | | | |
| Primary Signature: | Date: | | | |
| Joint Signature: | | | | |
| Name: | | | | |
| Address: | | | | |
| City, State, Zip: | | | | |
| Phone Number: | | | | |
| | | | | |
| Fax Number: | | | | |

Congratulations!

You had to sign your name a few times...but submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a local partner makes.

Welcome to First National Bank of Jeanerette!



