

FNBBA Switch Kit Checklist

1. **Send request for account closure.** Completed
2. **Send request for direct deposit set up/change.** Completed

Government Agencies

Social Security: 1-800-772-1213

Veterans: 1-877-838-2778

3. **Send request(s) for recurring Funds Transfers and automatic payment (ACH) changes.** Completed
If you have a recurring transfer from one bank to another or used your routing number and account number for automatic payments, request these to be changed.

City of Broken Arrow	918-259-8409
City of Tulsa	918-596-9511
Cox Billing	918-286-3443
DirecTV	1-888-795-9488
Oklahoma Natural Gas	1-800-664-5463
PSO	1-888-216-3523
Wagoner Rural Water #4	918-258-2331
Windstream	1-800-347-1991

4. **Move any other payments or accounts you set up for automatic payment using your debit card.** Completed
5. **Transfer online bill payees/payments.** Completed
If you used a bill pay service, you will need to manually move that information over.
6. **Destroy old account information:** checks, ATM/debit cards, deposit slips Completed

Questions:

Please contact a personal banker at 918-251-5371 if you have questions regarding these changes or need help completing these documents.

Transfer Worksheet

Bill	Company	Amount	Phone Number	Date Contacted	Spoke With	Effective Date of Change
Mortgage or Rent	Electric					
	Gas					
	Water					
Utilities	Sewer					
	Home Phone					
	Mobile Phone					
	Other Utility #1					
	Other Utility #2					
	Property					
Taxes	Federal Income					
	State Income					
	Home/Renters					
	Car					
Insurance	Life					
	Health					
	Other Insurance					
	Home Equity					
	Student Loan					
Debt	Car Loan #1					
	Car Loan #2					
	Credit Card #1					
	Credit Card #2					
	Credit Card #3					

AUTHORIZATION TO CLOSE ACCOUNT



Please complete and submit to your current financial institution in order to close your account.

DATE _____

CURRENT FINANCIAL INSTITUTION _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Please close my account # _____ and send me a check for the remaining balance to the address below.

NAME / LAST: _____ (PLEASE PRINT) NAME / FIRST: _____ (PLEASE PRINT)

PERSONAL ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

OR SEND THE CHECK DIRECTLY TO:

First National Bank Broken Arrow | 121 South Main Street | Broken Arrow, OK 74012-4140

If you have any questions about this request, please contact me at this number:

PHONE (Home): _____ PHONE (Work): _____ PHONE (Other): _____

NAME: _____ (PLEASE PRINT) SIGNATURE _____

CO-SIGNER NAME: _____ (PLEASE PRINT) CO-SIGNER SIGNATURE: _____

EMAIL: _____ CO-SIGNER EMAIL: _____

DIRECT DEPOSIT



DATE _____

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

You are currently depositing my _____
into the following account: LIST DEPOSIT TYPE (PAYCHECK, SOCIAL SECURITY CHECK, OTHER TYPE OF PAYMENT)

Old bank _____

Routing number _____

Account number _____

Please start making this automatic deposit into my new account effective: _____
(DATE)

New bank **First National Bank of Broken Arrow**

Routing number **103102889**

Account number _____

Please contact me at the following phone number if you have any questions:

PHONE _____ DAY EVENING

Sincerely,

NAME (please print): _____

SIGNATURE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

AUTOMATIC PAYMENT



DATE _____
COMPANY NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

You are currently withdrawing \$ _____ from the following account:

Old bank _____

Routing number _____

Account number _____

for _____ on _____
(PAYMENT OR REASON) (DATE)

Please stop making withdrawals from this account on _____
(DATE)

and start making withdrawals from my new account listed below on _____
(DATE)

New bank **First National Bank of Broken Arrow**

Routing number **103102889**

Account number _____

Please contact me at the following phone number if you have any questions:

PHONE (Home): _____ PHONE (Work): _____ PHONE (Other): _____

Sincerely,

NAME: _____ SIGNATURE _____
(PLEASE PRINT)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____

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;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>																			
B NAME OF PERSON(S) ENTITLED TO PAYMENT C CLAIM OR PAYROLL ID NUMBER Prefix Suffix	F TYPE OF PAYMENT (<i>Check only one</i>) <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> Other _____ <i>(specify)</i>																			
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.	G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">TYPE</td> <td style="width: 30%;">AMOUNT</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	TYPE	AMOUNT																	
TYPE	AMOUNT																			
SIGNATURE DATE SIGNATURE DATE	SIGNATURE DATE SIGNATURE DATE																			

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER <table border="1" style="width: 100%; height: 25px;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table> CHECK DIGIT <table border="1" style="width: 25px; height: 25px; margin-left: auto;"> <tr> <td> </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.

The diagram shows a check from the United States Treasury, Austin, Texas. The date is 08/31/84. The amount is \$100.00. Callout A points to the payee name field, callout C points to the claim number field, and callout F points to the type of payment field. The check number is 0000 415785. The text 'NOT NEGOTIABLE' and the MICR line ':00000518: 041571926*' are also visible.

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.