

Personal Switch Kit



Come Home To



Since 1890

First National Bank
Giddings

108 E. Austin • P O Box 269 • Giddings, TX 78942

979-542-1200

www.FNBGiddings.com



LENDER

Member
FDIC

Services Offered Hwy 290 Main Bank

- Customer Service
- New Accounts & IRA'S
- Receive Check Orders
- Wire Transfer Requests
- Detailed Account Research
- Open Safe Deposit Boxes
- Night Deposit Bags
- ATM Cards
- VISA Check Cards
- Cashier Checks
- Traveler's Checks



Hwy 77 Motor Bank

Motor Bank Lobby:

Monday thru Thursday: 9:00 a.m. - 3:00 p.m.

Friday: 9:00 a.m. - 6:00 p.m.

Saturday: 9:00 a.m. - 12:00 noon

Motor Bank Drive Thru:

Monday thru Friday: 7:30 a.m. - 6:00 p.m.

Saturday: 9:00 a.m. - 12:00 noon

Services Offered Hwy 77 Motor Bank Lobby

- Customer Service
- New Accounts & IRA'S
- Receive Check Orders
- Wire Transfer Requests
- Night Deposit Bags
- ATM Cards
- VISA Check Cards



Hwy 290 Main Bank

Monday through Friday:

Main Bank Lobby: 9:00 a.m. - 3:00 p.m.



Internet Banking available
www.FNBGiddings.com



TeleFirst 979-542-7272

24-Hour Customer Service From Your Bank

EASY STEP BY STEP INSTRUCTIONS ON HOW TO MAKE THE SWITCH TO BETTER SERVICE

START STOP AND SWITCH TO FIRST NATIONAL BANK GIDDINGS Personal Checking Account



Start by opening a *First National Bank Giddings checking account*

Minimum deposit: \$100 (based on type of account)

If you sign up for the "Free Checking" account your first box of checks are free

Sign up for a free VISA debit card

Sign up for free Internet Banking



Stop using your old account

*Complete the **"Close Your Account" Form** and mail to your old bank*

Make sure to specify the date to close your account

Let all your outstanding checks clear before closing the account by leaving your old account open 7 to 10 days

Destroy your old unused checks, deposit slips and old ATM and Debit cards



Switch your direct deposits with the enclosed form

Mail or drop off to your employer's human resource department

We will provide personal assistance to Social Security recipients and other retirement plan recipients



Switch your withdrawals with the enclosed form

Mail these forms to the companies that are drafting your old bank account



**First National Bank
Giddings**

Please Close My Account

DATE

BANK NAME

ADDRESS

CITY

STATE

ZIP

To Whom It May Concern:

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

If you have any questions about this request, please contact me as soon as possible at the following number. Thank you.

PHONE NUMBER

Sincerely,

SIGNATURE

NAME (PLEASE PRINT)

SOCIAL SECURITY # (if needed)

ADDRESS

CITY

STATE

ZIP

Special Instructions



Please Change Accounts For My Payroll Direct Deposit

DATE

COMPANY NAME

ADDRESS

CITY STATE ZIP



To Whom It May Concern:

You are currently depositing my paycheck in whole or in part or you are making a payment into the following account:

Old bank: _____

Routing number: _____

Account Number: _____



Bank Routing number

Please begin making these **automatic deposits into my new account at FNB Giddings on** _____ (date).

FNB Giddings routing number: **113104712**

My new FNB Giddings checking account number is: _____



Checking Account # (7 digits long)

If you have any questions, please let me know.

SIGNATURE

SOCIAL SECURITY # (if needed)

NAME

ADDRESS

CITY STATE ZIP

TELEPHONE

Please Change Accounts For My Automatic Withdrawal

DATE

COMPANY NAME

ADDRESS

CITY STATE ZIP

To Whom It May Concern:
I have changed financial institutions to FNB Giddings.

You are currently withdrawing
\$ _____ (or paying my current bill amount) from the following account:

Old bank: _____

Routing Number: _____

Account Number: _____

For/To: _____

On: _____

Approximate date of the month for automatic draft

Please stop making withdrawals from this account on _____ (date)
and start making them from my new FNB Giddings account:

FNB Giddings routing number: **113104712**

My new FNB Giddings checking account number is: _____

If you have any questions, please let me know.

SIGNATURE

SOCIAL SECURITY # (if needed)

NAME (please print)

ADDRESS

CITY STATE ZIP

TELEPHONE



↓
Bank Routing number



↓
Checking Account # (7 digits long)