



Member FDIC

Simple Switch

No one ever said that switching a bank account was fun. At least now it's easy to do. With Simple Switch, we take care of all the associated telephone calls and paperwork.

Instructions

With Simple Switch there are three simple forms that need to be filled out and returned to First Bank. Below are instructions on how to properly fill out the Simple Switch forms. Remember, the more information you are able to provide us, the faster we can complete the transition to your new First Bank checking account. Once you have completed the forms, you may drop them off at your local First Bank office or mail them to: Telephone Banking Center, First Bank, 208 E. First St., Hermann, MO 65041.

If you have any questions regarding your checking account or automatic transfers, you may contact us the way that is most convenient for you: 1) send us an email at simpleswitch@fbol.com, 2) contact your local First Bank representative or 3) call 1-800-760-BANK (2265). We are here to personally and promptly handle any of your banking questions.

Direct Deposit and Direct Debit Transfer Authorization Agreement

First Bank is hereinafter referred to as the "Bank"

The Bank has received your written authorization to transfer your direct deposit (s) and direct debit (s) from another financial institution to your account at the Bank. The direct deposit (s) and direct debit (s) you have authorized the Bank to transfer to your account listed on the Simple Switch Checklist form will be posted to your account as provided in our Deposit Account Information booklet. If you have misplaced your copy, please ask us for another one.

The Bank will exercise care to process your authorized transfer of direct deposit (s) and direct debit (s). If you incur any fees or charges due to bank error in the processing of your written request and authorized direct deposit (s) and direct debit (s) request, the bank will reimburse you for these fees and charges. Claims for reimbursement must be submitted within six months of the date of your authorization to transfer. To file a claim, send a written request with your name, address, and account number along with a copy of the billing notice for the fee or charge to:

First Bank
Telephone Banking Center
104 Industrial Drive
Hermann, MO 65041
1-800-760-2265

Customer Signature _____ Date _____

Bank Representative Signature _____ Branch # _____ Date _____

1. Direct Deposit/Direct Debit Transfer Authorization Agreement Form

This form consists of the legal information needed to protect both you, our customer, and First Bank, your financial partner. This agreement needs to be signed and dated by an authorized account holder.

When you return your forms to First Bank, a First Bank Representative also will sign this agreement and provide you with the original copy. If you mail the forms to the Telephone Banking Center, they will return the customer copy to you once it has been signed by a First Bank Representative.

2. Direct Deposit/Direct Debit Checklist Form

This checklist has been designed to assist you in transferring all your direct deposits and direct debits (payments) to your First Bank checking account.

Be sure to provide us with your name, telephone number and the date you are filling out the form. Then fill in the company names, addresses and account numbers for each deposit or payment you want to transfer to your First Bank account.

Simple Switch Checklist

For internal use:
Received by: _____ Date: _____ Branch # _____

Once you see how easy and worry-free your checking account switch can be, we're confident that you will be completely satisfied with your decision to bank with us. Simply complete the form below and return it to First Bank in the post marked envelope provided.

Customer Name _____ Phone # _____ Date _____

Deposits	Company Name/Address	Company Account #	Phone # (optional)	Internal Use Only
Payroll				
Pension				
Interest payment				
Investments				
Other				
Payments				
Mortgage				
Car				
Car Insurance				
Telephone				
Cell Phone				
Cable/Satellite				
Electricity				
Gas				
Water				
Sewer				
Trash				
Other				
Other				

PLEASE BE AWARE - CUSTOMER MUST CONTACT THE SOCIAL SECURITY OFFICE DIRECTLY AT 1-800-772-1213

06/07

DIRECT DEPOSIT/DIRECT DEBIT AUTHORIZATION

To: _____
 Company _____ Address _____
 Phone number (if available) _____ City, State, Zip Code _____


Regarding:
 Company Account Number: _____
 Customer Name(s) on Account: _____ (Print Name) XXXXXX-SSN (last 4 digits)
 _____ (Print Name) XXXXXX-SSN (last 4 digits)

I (we) hereby authorize to change the above referenced direct deposit/ direct debit to the below named bank.

First Bank Receiving Information:
 Routing Number (ABA): _____
 Account Name: _____
 Indicate One: Checking Savings

A VOIDED CHECK OR DEPOSIT SLIP IS REQUIRED

PLEASE ATTACH HERE

 Customer Signature _____ Date _____
 Bank Representative Signature _____ Date _____

Member FDIC Bank representative: Please return to the TBC in Hermann 0897

3. Direct Deposit/Direct Debit Authorization Form

A First Bank Representative will fill in this form based on the information you provide on the Direct Deposit/Direct Debit Checklist form. This form will contain the pertinent information regarding your deposit(s) or payment(s) that you want to transfer to your First Bank checking account.

You will need to sign one authorization form for each item listed on the checklist. Be sure to use as many copies of this form as needed. Also, please provide us with one voided check or deposit slip. If you do not have a voided check or deposit slip, one will be provided for you.

If you choose to fill out each authorization form, please follow the directions below:

- a. Fill in the name, address and telephone number of the company where your deposits will come from or your payments will go to.
- b. Provide us with the account number, account name and the Social Security Number associated with the account for your deposit or payment.
 * *Your Social Security Number will be used for verification purposes only.*
- c. Please indicate whether information provided on the form is for a direct deposit or a direct debit (payment) by checking the appropriate box.
- d. The "First Bank Receiving Information" can be found at the bottom of your First Bank deposit slip or check. Please provide us with the routing and account numbers and indicate whether the account is checking or savings. A sample deposit slip is provided to assist you in locating these numbers.
 * *Note: Only one voided check or deposit slip is required for all authorized transfers. If you do not have a voided check or deposit slip, one will be provided for you.*
- e. Sign and date the authorization form.

DEPOSIT TICKET

CASH 80-942/810

DATE _____


DEPOSIT \$ _____

TOTAL DEPOSIT _____

SUBTOTAL _____

LESS CASH _____

NET DEPOSIT \$ _____



⑆08 10094 28⑆ 145 238 2644⑈

Routing Number Account Number

Estimated Transfer Processing Times: The estimated transfer processing time is the amount of time it takes for the depositing/debiting company to process your authorization request.

Deposits	# of days	Debits/Payments	# of days
Payroll	14 - 60	Mortgage	30 - 45
Pension	60 - 90	Automobile	39 - 90
Social Security*	30 - 60	Insurance	30 - 60
		Utilities	30 - 60
		Cable	45 - 60
		Health Club	14 - 21

*Social Security deposit transfers may be completed faster if you contact the Social Security Administration directly at 1-800-772-1213 before the 14th day of the month.