







## Switch to First Southern

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Switching to First Southern is easy. This kit is designed to guide you step by step through the process of moving your account to First Southern National Bank. For assistance, contact any First Southern Team Member.

-  Open your new account at First Southern
-  Set up direct deposit
-  Set up automatic payments and withdrawals
-  Close your old account

Switch to First Southern  
*Let's get started*



When you visit, let us also help you...

- ✓ Open Christmas and Vacation Club accounts
- ✓ Transfer your home loan and home equity line of credit
- ✓ Learn to use our Internet and Telephone Banking services

# Open a Checking or Savings Account

Start the new account process by completing the information below.  
**Don't forget:** When you visit our bank, bring your Driver's License or Government Issued photo ID.

- Checking Account  
 Savings Account

## Applicant (please print)

First Name / /	Middle — —	Last ( )		
Date of Birth	Social Security Number	Home Phone Number		
Mailing Address	City	State	Zip	Number of Years
Physical Address	City	State	Zip ( )	Number of Years
Employer	Occupation	Business Phone Number		
ID Type & Number / Issue & Expiration Date		ID Type & Number / Issue & Expiration Date ( )		
E-mail address		Mobile Phone Number		

## Joint Applicant (please print)

First Name / /	Middle — —	Last ( )		
Date of Birth	Social Security Number	Home Phone Number		
Mailing Address	City	State	Zip	Number of Years
Physical Address	City	State	Zip ( )	Number of Years
Employer	Occupation	Business Phone Number		
ID Type & Number / Issue & Expiration Date		ID Type & Number / Issue & Expiration Date ( )		
E-mail address		Mobile Phone Number		



# Direct Deposit Checklist

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Transfer direct deposits from your employer, retirement plan, interest payments or other source of income, including Social Security. Use this checklist of common direct deposit sources to help you remember each entity that should be informed about your new account. Then, use the form on the following page to request your deposits be *switched to* your First Southern account.

Also included in this packet is the *U.S. Government Direct Deposit Standard Form 1199A*. This form should be used to redirect your Social Security, military pay, VA compensation/pension, railroad retirement, etc. You can also use this form to establish agency payments for the first time.

### *Private Sector Payments*

- Payroll Direct Deposit
- Retirement/Pension Plan
- Interest Income
- Dividends
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

### *Government Payments*

- Social Security
- Federal Salary/Military Civilian Pay
- VA Compensation or Pension
- Supplemental Security Income
- Railroad Retirement
- Civil Service Retirement
- Military Active/Retirement/Survivor
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

*I have a new bank*

## Direct Deposit Change

To	<b>Payroll Department or Other Service Provider</b>
From	<input type="text"/>
Subject	<b>Direct Deposit</b>
Date	<input type="text"/>



Attach a voided check  
or deposit slip here

This memo serves as notification and authorization to change and/or establish Direct Deposit to my new First Southern National Bank account.

Attached you will find a voided check from my new account along with other relevant account and routing numbers necessary for you to process this request immediately.

Please fill out the information below.

Checking Account       Savings Account

First Southern National Bank Account Number (10 numerical digits)

042102403

First Southern National Bank ABA Routing Number

Employee Signature

Date

Print Name

Phone Number

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**\*\*\* Use this form to establish or change payments from a Government Agency. \*\*\***

**Standard Form 1199A (EG)**  
 (Rev. June 1987)  
 Prescribed by Treasury  
 Department  
 Treasury Dept. Cir. 1076

OMB No. 1510-0007

## 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)

<b>A</b> NAME OF PAYEE ( <i>last, first, middle initial</i> )		<b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS ( <i>street, route, P.O. Box, APO/FPO</i> )		<b>E</b> DEPOSITOR ACCOUNT NUMBER	
CITY STATE ZIP CODE		<input style="width: 100%; height: 20px;" type="text"/>	
TELEPHONE NUMBER AREA CODE		<b>F</b> TYPE OF PAYMENT ( <i>Check only one</i> )	
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <span style="float: right;"><i>(specify)</i></span>	
<b>C</b> CLAIM OR PAYROLL ID NUMBER		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</i> )	
Prefix Suffix		TYPE	AMOUNT
<b>PAYEE/JOINT PAYEE CERTIFICATION</b>		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> ( <i>optional</i> )	
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.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
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		CHECK DIGIT
		<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/>
DEPOSITOR ACCOUNT TITLE				
<b>FINANCIAL INSTITUTION CERTIFICATION</b>				
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.**

Reset

## 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.

**United States Treasury** 15-51  
000  
AUSTIN, TEXAS

Month Day Year  
08 31 84

Check No.  
0000 415785

Pay to the order of

DOLLARS CTS  
\$\*\*\*\*\*100 00

**NOT NEGOTIABLE**

@00000518: 041571926"

### 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.



# Automatic Payment Checklist

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Use this checklist to determine which companies you need to notify about your new First Southern National Bank account. Send the form on the following page to each vendor with whom you have set up an automatic payment to request they *switch* the payment to your First Southern account.

If you don't have online payments set up, now is a great time to do so. First Southern's online Bill Pay is the easiest, most convenient way to pay your bills. And online Bill Pay is *free* with your First Southern account. For more information, visit our Web site at [www.fsnb.net](http://www.fsnb.net).

- |  |  |
|--|--|
| <input type="checkbox"/> Mortgage or Rent              | <input type="checkbox"/> Memberships (Health Club, Civic Club, Alumni Groups, etc.)  |
| <input type="checkbox"/> Home or Renter's Insurance    | <input type="checkbox"/> Credit Cards  |
| <input type="checkbox"/> Auto Loan or Lease            | <input type="checkbox"/> Loans (Personal, Student, Home Equity Line of Credit, etc.) |
| <input type="checkbox"/> Auto Insurance                | <input type="checkbox"/> Transportation or Parking                                   |
| <input type="checkbox"/> Health Insurance              | <input type="checkbox"/> Retirement Contributions                                    |
| <input type="checkbox"/> Life Insurance                | <input type="checkbox"/> Savings Contributions                                       |
| <input type="checkbox"/> Electricity or Gas Company    | <input type="checkbox"/> Investment Contributions                                    |
| <input type="checkbox"/> Water                         | <input type="checkbox"/> Giving Commitments (church, non-profit groups, etc.)        |
| <input type="checkbox"/> Home Phone                    | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Cellular Phone                | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Long Distance                 | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Cable TV                      |  |
| <input type="checkbox"/> Internet Service              |  |
| <input type="checkbox"/> Auto Club (OnStar, AAA, etc.) |  |

*I have a new bank*

# Automatic Payment Change

To	<b>Service Provider</b>
From	<input type="text"/>
Subject	<b>Automatic Payment for Account #</b> <input type="text"/>
Date	<input type="text"/>



Attach a voided check  
or deposit slip here

Currently, you are authorized to receive automatic payments from my bank account. This memo serves as notification that I have established a *new* checking or savings account with First Southern National Bank. I am authorizing and requesting that you establish automatic payments from my new account.

Attached you will find a voided check from my new account along with other relevant account and routing numbers necessary for you to process this request immediately.

Please fill out the information below.

Checking Account       Savings Account

First Southern National Bank Account Number (10 numerical digits)

042102403

First Southern National Bank ABA Routing Number

My Signature

Date

My Printed Name

Phone Number

My Account Number with Your Company

*Please copy and submit a separate form for each account you are closing.*

*I have a new bank*





# Account Closure Request

To	<b>Customer Service Representative</b>
From	<input type="text"/>
Subject	<b>Account Closure Request</b>
Date	<input type="text"/>

This memo serves as notification that I would like to close my account with your bank. Please close the account listed below effective immediately and forward any remaining balance by check to my address listed below. Thank you for your prompt attention to this request. Contact me at the number below with any questions.  
*Please copy and submit a separate form for each account you are closing.*

Account Number		Account Type
Account Holder Signature	Printed Name	Date
Mailing Address		
City, State, Zip		
Daytime Phone	Cell Phone	