

MAKE THE SWITCH TODAY!



CUSTOMER NAME: \_\_\_\_\_

**SWITCHING JUST GOT A WHOLE LOT EASIER!**

**1. OPEN YOUR INFIRST CHECKING ACCOUNT**

Meet with one of our Personal Bankers and select the checking account that meets your needs. InFirst has a variety of accounts from which to choose. We will help you select the one that's right for you.

**2. REDIRECT YOUR DIRECT DEPOSIT**

Send the enclosed Direct Deposit Authorization form to each company with whom you have a direct deposit. If you have Social Security or other government direct deposits, your Personal Banker will assist you with the required forms.

**3. REDIRECT YOUR AUTOMATIC PAYMENTS**

Send the enclosed Automatic Payment Authorization form to each company taking payments out of your existing account if they request written authorization.

**4. STOP USING THE OLD CHECKING ACCOUNT**

When all of your deposits and payments have been redirected and all of your checks that you have written have cleared, just send in the Account Closure form to your former institution. Remember to destroy materials from your old account including your ATM card and unused deposit tickets.



DOWNTOWN OFFICE  
935 PHILADELPHIA ST.  
INDIANA, PA 15701  
724.349.2810

TOWNFAIR OFFICE  
475 BEN FRANKLIN RD. S.  
INDIANA, PA 15701  
724.349.2840

BUREL TOWNSHIP OFFICE  
915 RT. 22 HWY W.  
BLAIRSVILLE, PA 15717  
724.459.9333

PUNXSUTAWNEY OFFICE  
8 BEYER RD.  
PUNXSUTAWNEY, PA 15767  
814.938.2355

TROUTVILLE OFFICE  
35 KENTUCKY AVE.  
PUNXSUTAWNEY, PA 15767  
814.427.2100



# DIRECT DEPOSIT AUTHORIZATION

PLEASE CHANGE MY EXISTING AUTHORIZATION, AND REDIRECT MY DEPOSIT FROM MY PREVIOUS BANK TO INFIRST BANK ACCOUNT.



\_\_\_\_\_  
 Last Name                      First Name                      Social Security Number

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City                              State                              Zip Code

\_\_\_\_\_  
 Work Phone                      Extension

\_\_\_\_\_  
 Home Phone

**EMPLOYER INFORMATION**

\_\_\_\_\_  
 Name of Employer                      Phone Number

\_\_\_\_\_  
 Employee ID or Department

**PREVIOUS BANK INFORMATION**

\_\_\_\_\_  
 Bank Name

\_\_\_\_\_  
 Account Number

**INFIRST BANK INFORMATION**

Type of Account: \_\_\_\_\_ Routing and Transit \_\_\_\_\_

Checking Account #: \_\_\_\_\_ 2 4 3 3 7 3 3 5 8

Savings Accounts #: \_\_\_\_\_

InFirst Bank  
 935 Philadelphia Street  
 Indiana, PA 15701  
 724.349.2810

Complete this form for EACH company who direct deposits funds into your account.

Social Security and Government deposit forms are available at any InFirst Bank office.

Keep copies of all completed forms for your records.

**ATTACH A  
 VOIDED  
 INFIRST BANK  
 CHECK HERE**

\_\_\_\_\_  
 Signature of Account Holder                      Date

\_\_\_\_\_  
 Signature of Secondary Account Holder (if required)                      Date

NOTICE OF REQUEST TO CLOSE ACCOUNT

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PLEASE CLOSE THE ACCOUNTS NOTED BELOW AND FORWARD THE BALANCE AND ACCRUED INTEREST TO ME AT THE ADDRESS LISTED ABOVE AS SOON AS POSSIBLE**

<u>TYPE OF ACCOUNT</u>	<u>ACCOUNT NUMBER</u>
CHECKING	_____
CHECKING	_____
CHECKING	_____
SAVINGS	_____
SAVINGS	_____
OTHER(SPECIFY)	_____
OTHER(SPECIFY)	_____

**I AUTHORIZE THE CLOSURE OF MY CHECKING/SAVINGS ACCOUNT(S). ALL CHECKS HAVE CLEARED THE ACCOUNT(S) TO BE CLOSED AND ALL DIRECT DEPOSIT AND AUTOMATIC PAYMENTS HAVE BEEN STOPPED.**

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Secondary Account Holder (if required)

\_\_\_\_\_  
Date