



CHANGE DIRECT DEPOSIT

Date _____

Employer/Depositor's Name _____

Address _____

City _____ State ____ Zip _____

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) to the following account:

Previous Financial Institution: _____

Bank Routing Number: _____

Financial Institution Account Number: _____

Please stop making withdrawals from that account, effective _____ (date), and instead make them to:

1st National Bank, P.O. Box 310, Berlin, WI 54923

1st National Bank Routing Number: **075902007**

1st National Bank Account Number: _____

If you have questions about this request, please contact me during the DAY / EVENING (circle one) at (____) _____ (phone number).

Thank you,

Signature: _____ Date _____

Name (please print): _____

Address _____

City _____ State ____ Zip _____

Other information your employer may need (SSN, Employee ID#, etc.)

Print this form, complete, and return to your local First National Bank branch office.



CHANGE AUTOMATIC WITHDRAWAL

Date _____

Name of Company That Makes Automatic Withdrawal

Address _____

City _____ State ____ Zip _____

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount)
From my account on a weekly / bi-weekly / monthly / annual basis (circle one).

Previous Financial Institution: _____

Bank Routing Number: _____

Financial Institution Account Number: _____

Please stop making withdrawals from that account, effective _____ (date),
and instead make them from:

1st National Bank, P.O. Box 310, Berlin, WI 54923

1st National Bank Routing Number: **075902007**

1st National Bank Account Number: _____

If you have questions about this request, please contact me during the DAY /
EVENING (circle one) at (____) _____ (phone number).

Thank you,

Signature: _____ Date _____

Name (please print): _____

Address _____

City _____ State ____ Zip _____

Print this form, complete, and return to your local First National Bank branch office.



CLOSE ACCOUNT

Date _____

Financial Institution's Name _____

Address _____

City _____ State _____ Zip _____

To Whom It May Concern:

Effective _____ (date), please close the following account(s) and send a check for the remaining balance(s) to me at the address listed below:
From my account on a weekly / bi-weekly / monthly / annual basis (circle one).

Checking Acct. #: _____

Checking Acct. #: _____

Savings Acct. #: _____

Savings Acct. #: _____

Please close my certificate of deposit account(s)

_____ / _____ (account numbers)
upon maturity.

If you have questions about this request, please contact me during the DAY / EVENING (circle one) at (____) _____ (phone number).

Thank you,

Signature: _____ Date _____

Name (please print): _____

Address _____

City _____ State _____ Zip _____

Print this form, complete, and return to your local First National Bank branch office.