Getting Started

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Making the switch to better banking today!

You can make the move to FNB of Steeleville in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to FNB of Steeleville, your local, community bank, where you'll enjoy a fresh approach to banking!

Open your new account.

Open your account <u>online</u> or visit your local <u>branch</u>.

Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to FNB of Steeleville.

Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to FNB of Steeleville. As a valued FNB of Steeleville customer, you'll want to take advantage of our many services. Each is designed to make banking easier, safer and more enjoyable!

Online Banking Mobile Banking Mobile Deposit Text Banking Telephone Banking eStatements Online & Mobile Bill Pay Picture Pay Chip Enabled Debit Cards Mobile Wallet Debit Card Fraud Alerts Debit Card On/Off

Ask any of our customer service representatives for more information, call us at 618-965-3441 or visit our website at www.bankatfnb.com.





A Fresh Approach to Banking

Direct Deposit Authorization

You can use your keyboard to fill out this form online, print, sign and mail or fax it to the appropriate contacts. Or, you can print the form and complete it by hand.

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit payment directly into your FNB of Steeleville account. Use one form for each direct deposit.

| Notification of Direct Deposit Authorization Change | | | | | ct Deposit cklist: |
|---|---------------------------|--------------------|-------------------------|------|---|
| Company or Employer: | | | | | is list to remember all |
| Address: | | | | | rect deposits you need to er. These are the most |
| City, State, Zip: | | | | comm | on direct deposits. Payroll |
| Phone Number: | | | | | Investments |
| Employee ID: | | | | | Retirement Plans |
| (if applicable) | | | | | Social Security 1-800-772-1213 |
| | ease deposit the net amo | | to my FNB of | | www.socialsecurity.gov |
| | horize (name of depositor | · | | | |
| to automatically deposit | funds into the account be | elow. This author | ization shall remain in | | |
| place until I have submit | tted a new authorization, | or until this auth | orization is changed | | |
| or revoked by me in writ | ing. | | | | |
| Place an X next to your de | esired option. | | | | |
| Net amour | nt to my CHECKING | | | | |
| Account # | | Routing # | 081909722 | | |
| Net amour | nt to my SAVINGS | | | | |
| Account # | | Routing # | 081909722 | | |
| | | | | | |
| Signature: | | | Date: | | |
| Name: | | | | | |
| Address: | | | | | |
| City, State, Zip: | | | | | |
| Phone Number: | | | | | |



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A Fresh Approach to Banking

Automatic Withdrawal Authorization

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You can use your keyboard to fill out this form online, print, sign and mail or fax it to the appropriate contacts. Or, you can print the form and complete it by hand.

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account record on their website.

| Notification of | Automatic Withdrawal | |
|---------------------------------|---|--|
| Name of Company: | | Checklist: |
| Account Number: | | Use this list to remember all the automatic payments you |
| Payment Amount: | | need to transfer. These are some of the most common |
| Address: | | automatic payments. |
| City, State, Zip: | | Home Mortgage |
| Phone Number: | | Auto Loans |
| | | Utilities |
| Please change my autor | natic withdrawal from the following account: | Insurance |
| Financial Institution: | | Cable/Internet |
| Account # | Bank Routing # | Gym/Club Memberships |
| Diasso maka ali futuro d | sutamatic with drawals from the following account. | Credit Cards |
| | automatic withdrawals from the following account: | Investments |
| Financial Institution: | First National Bank of Steeleville | Subscriptions |
| Account # | Bank Routing # 08190 | 9722 Charity Donations |
| Thank you very much | l. | |
| | nain in effect until I have submitted to you a new author me in writing that this authorization has been changed | existing automatic online bill |
| Signature: | Date: | payments to FNB's FREE online Bill Pay service. |
| Name: | | If you have recurring payments set up |
| Address: | | through a debit card with your former financial institution, you'll want to |
| City, State, Zip: | | contact those payees and provide them with your new FNB Debit Card number and expiration date. You |
| Phone Number: | | may be able to change this information online on their website. |

A Fresh Approach to Banking

Member



Account Closure Authorization

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You can authorize your remaining balance to be deposited automatically to your new FNB of Steeleville account(s) or paid by a check to you. You can use your keyboard to fill out this form online, print, sign and mail or fax it to your former financial institution. Or, you can print the form and complete it by hand.

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

| Notification of Ac | Congratulations! | | | |
|---|---|--|--|--|
| To Whom It May Concern: Financial Institution: | You had to sign your name a few timesbut submitting these forms completes your switch to a truly better banking experience. We | | | |
| Address: City, State, Zip: | | can't wait to show you the difference a local partner makes. Welcome to FNB! | | |
| Please close my account: | | | | |
| Account Number: | Primary Owner: | | | |
| Address: | | | | |
| City, State, Zip: | | | | |
| Please send the remaining Place an X next to your desired Please depos Account # | | | | |
| Please forward | me a check to my address listed below. | | | |
| Primary Signature: | Date: | | | |
| Joint Signature: | | | | |
| Name: | | | | |
| Address: | | | | |
| City, State, Zip: | | | | |
| Phone Number: | | | | |



A Fresh Approach to Banking

