



EASY SWITCH PROGRAM

First Dakota is making it easy for you to change banks. By simply filling out the appropriate form(s), you can quickly and easily move your accounts to First Dakota.

MOVING YOUR CHECKING ACCOUNT

With this form, First Dakota will notify your existing bank that you want to close your account and you may have your funds forwarded to you directly or to your new checking account at First Dakota.

CHANGING YOUR DIRECT DEPOSIT

Complete this form for each depositor (employer, social security, etc.) with whom you have an arrangement for direct deposit.

CHANGING YOUR AUTOMATIC PAYMENT

Complete this form for each company or organization with whom you have arrangements for automatic payments.

EASY SWITCH PROGRAM

\$10 FREE

with any new
checking account.*

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Just bring this coupon with you to First Dakota.



AUTHORIZE TO TRANSFER CHECKING BALANCE

DATE: _____

On _____ please close my checking account at _____ Acct. # _____
(Date) (Name of Financial Institution)

Account Holder _____

2nd Account Holder _____

On the closing date, please send remaining funds to:

First Dakota National Bank

address _____

city, state, zip _____

X Signature(s) _____ X Signature(s) _____

AUTHORIZE TO CHANGE DIRECT DEPOSIT

DATE: _____

On _____ I closed my checking account at _____
(Date) (Name of Financial Institution)

Old Acct. # _____

Account Holder _____

Please establish Direct Deposit into my new checking account at First Dakota effective as of _____
(Date)

First Dakota National Bank, _____ Acct. # _____

I have enclosed a deposit slip to verify the account number.

X Signature(s) _____ Day Time Phone Number: _____

Complete this form for every Depositor (employer, Social Security, etc.) with whom you have arrangement for Direct Deposit. Call for additional forms.

AUTHORIZE TO CHANGE AUTOMATIC PAYMENT

DATE: _____

On _____ I closed my checking account at _____
(Date) (Name of Financial Institution)

Old Acct. # _____

Account Holder _____

I hereby authorize Automatic Payment from my new checking account at First Dakota beginning _____
(Date)

First Dakota National Bank, _____ Acct. # _____

I have enclosed a voided check to verify the account number.

X Signature(s) _____ Day Time Phone Number: _____

Complete this form for every company with whom you have arrangement for Automatic Payment. Call for additional forms.