

New Account Checklist



Use this checklist to help you remember which direct deposits and automatic payments you can now schedule with your new First Community Bank account.

Direct Deposits, Payroll & Government Checks

- Payroll
- Retirement Plans
- Other _____
- Investments
- Social Security

Automatic Payments

- Home Mortgage/Rent
- Auto Loans
- Home Equity Loans
- Student Loans
- Health Insurance
- Life Insurance
- Car Insurance
- Credit Cards
- Water Company
- Other _____
- Gas & Electric
- Cable/Satellite TV
- Online Services
- Telephone
- Cell Phone
- Club Memberships
- Investments & Annuities
- Charitable Contributions
- Subscriptions

New Account Number

Routing Number

Bill Pay Worksheet



Use First Community Bank's Bill Pay Worksheet to identify all of the payees that you would like to enter into First Community Bank's convenient and free online Bill Pay service.

Payee	Address	City	State
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Account Number	Account Description	Phone Number	Zip Code
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Payee	Address	City	State
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Account Number	Account Description	Phone Number	Zip Code
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Payee	Address	City	State
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Account Number	Account Description	Phone Number	Zip Code
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Payee	Address	City	State
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Account Number	Account Description	Phone Number	Zip Code
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Payment/Deposit Switch Form



To:

Company Name

Company Address

City, State, Zip

From:

Name

Address

City, State, Zip

ID Number of Department

NEW ACCOUNT INFORMATION:

Automatic Payment

Automatic Deposit

To my new First Community Bank checking account effective:

Immediately OR Beginning _____

Account Number

Routing Number

Social Security or TIN

Daytime Phone Number

SIGNATURE

DATE

Complete this form for each automatic payment you have. Then mail the form to the appropriate company or organization that is responsible for processing your automatic payment.

Reminder:

A separate form for each request must be completed. Make additional copies, if necessary.

Account Closure Form



To Whom It May Concern:

Please close the following account:

Account Holder(s)

Account Number

Account Type

Social Security or Tax ID Number

Check the Appropriate Boxes:

No disbursement of funds necessary

Select an Option

I have taken the balance of my account to zero

I have deposited a check into my new account for the remaining account balance

Send me a check for the remaining balance of my account payable to:

Name

Address

City, State, Zip

Thank you for resolving this matter.

Sincerely,

CUSTOMER SIGNATURE

DATE

JOINT ACCOUNT HOLDER SIGNATURE

DATE

Prior to closing, allow 1-2 months for all checks to clear and all automatic transactions to be setup with your new First Community Bank account.

Complete this form and mail it to your previous bank. This will help ensure your old bank account(s) is closed and all funds are transferred to your new First Community Bank account.

Reminder:
A separate form for each account type must be completed. Make additional copies, if necessary.