



**First National Bank**

www.fnbsf.com The First National Bank in Sioux Falls® Member FDIC

## Switch Checklist

Use this Checklist to quickly identify all electronic entries to your account.

### Automatic Deposits

- |   |  |
|---|--|
| <input type="checkbox"/> Payroll<br>Contact the HR Department where you work.<br>Please include a voided check.<br>Effective Date of Change _____ | <input type="checkbox"/> Transfers <b>from</b> other bank accounts<br>Effective Date of Change _____ |
| <input type="checkbox"/> Social Security<br>Contact the Social Security Administration at 800-772-1213.<br>Effective Date of Change _____         | <input type="checkbox"/> Brokerage Deposits<br>Effective Date of Change _____                        |
|   | <input type="checkbox"/> Other _____<br>Effective Date of Change _____                               |

### Utilities Automatic Payment

- |   |   |
|---|---|
| <input type="checkbox"/> Gas _____<br>Account No. _____<br>Effective Date of Change _____                                   | <input type="checkbox"/> Internet Service _____<br>Account No. _____<br>Effective Date of Change _____      |
| <input type="checkbox"/> Electric _____<br>Account No. _____<br>Effective Date of Change _____                              | <input type="checkbox"/> Cable or Satellite TV _____<br>Account No. _____<br>Effective Date of Change _____ |
| <input type="checkbox"/> Water/Sewer _____<br>Account No. _____<br>Effective Date of Change _____                           | <input type="checkbox"/> Garbage _____<br>Account No. _____<br>Effective Date of Change _____               |
| <input type="checkbox"/> Local/Long Distance Telephone Service _____<br>Account No. _____<br>Effective Date of Change _____ | <input type="checkbox"/> Other _____<br>Account No. _____<br>Effective Date of Change _____                 |
| <input type="checkbox"/> Cellular Telephone Service _____<br>Account No. _____<br>Effective Date of Change _____            | <input type="checkbox"/> Other _____<br>Account No. _____<br>Effective Date of Change _____                 |

### Other Payments

- |   |  |
|---|--|
| <input type="checkbox"/> Loans (e.g. car, home equity, student loan, credit card)<br>Account No. _____<br>Effective Date of Change _____<br>Account No. _____<br>Effective Date of Change _____ | <input type="checkbox"/> Insurance (e.g. life, health, auto, home)<br>Account No. _____<br>Effective Date of Change _____<br>Account No. _____<br>Effective Date of Change _____ |
| <input type="checkbox"/> Mortgage<br>Account No. _____<br>Effective Date of Change _____  | <input type="checkbox"/> Brokerage – automatic investments<br>Effective Date of Change _____   |
| <input type="checkbox"/> Account transfers <b>to</b> other bank accounts<br>Account No. _____<br>Effective Date of Change _____   | <input type="checkbox"/> Other _____<br>Effective Date of Change _____   |
|   | <input type="checkbox"/> Other _____<br>Effective Date of Change _____   |