

FORM #3 AUTOMATIC PAYMENT REQUEST

Please accept this letter as notification that I have established a new checking and/or savings account at FNB Bank. I would like the following payment to be automatically debited from the FNB account listed below.



First for You

Member FDIC Equal Housing Lender

Scottsboro • Bridgeport • Henagar • Morgan City • Pisgah • Section • Skyline • Woodville

- Establish Automatic Payment
- Change my existing Automatic Payment

Automatic Payment Information:

Company Name: _____
Company Account #: _____
Payment Amount: \$ _____

Personal Information:

Name: _____
Mailing Address: _____
City: _____
State: _____ Zip: _____
Daytime Phone Number: _____

Bank Account Information:

Account Type:
 Checking Savings Money Market
FNB Account #: _____

FNB Routing Number: 062202147

I authorize:

- The listed employer/company to change deposits of my funds to my FNB checking or savings account.
- FNB to credit funds to my account(s).
- This authorization to remain in effect until I send written notice of change or cancellation.

Signature: _____ Date: _____

