

List Your Automatic Payments

Membership Dues

Company _____ Account # _____ Date _____ Amount \$ _____
Company _____ Account # _____ Date _____ Amount \$ _____

Health Club Dues

Company _____ Account # _____ Date _____ Amount \$ _____
Company _____ Account # _____ Date _____ Amount \$ _____

Internet or Cable Service Provider Fees

Company _____ Account # _____ Date _____ Amount \$ _____
Company _____ Account # _____ Date _____ Amount \$ _____

Power

Company _____ Account # _____ Date _____ Amount \$ _____
Company _____ Account # _____ Date _____ Amount \$ _____

Telephone

Company _____ Account # _____ Date _____ Amount \$ _____
Company _____ Account # _____ Date _____ Amount \$ _____

Insurance Payments

Company _____ Account # _____ Date _____ Amount \$ _____
Company _____ Account # _____ Date _____ Amount \$ _____

Mortgage and Other Loans

Company _____ Account # _____ Date _____ Amount \$ _____
Company _____ Account # _____ Date _____ Amount \$ _____

Automatic transfer to savings or IRA from existing Account

Account Name _____ Account # _____ Date _____ Amount \$ _____
Account Name _____ Account # _____ Date _____ Amount \$ _____

Automatic transfer to brokered investment from existing account

Company _____ Account # _____ Date _____ Amount \$ _____
Company _____ Account # _____ Date _____ Amount \$ _____

Automatic Credit Card Payments

Company _____ Account # _____ Date _____ Amount \$ _____
Company _____ Account # _____ Date _____ Amount \$ _____
Company _____ Account # _____ Date _____ Amount \$ _____
Company _____ Account # _____ Date _____ Amount \$ _____

Cellular Phone

Company _____ Account # _____ Date _____ Amount \$ _____
Company _____ Account # _____ Date _____ Amount \$ _____

Paging Service

Company _____ Account # _____ Date _____ Amount \$ _____

Child Support

County _____ Account # _____ Date _____ Amount \$ _____

Tax Payments

Entity _____ Account # _____ Date _____ Amount \$ _____

Other

Company _____ Account # _____ Date _____ Amount \$ _____
Company _____ Account # _____ Date _____ Amount \$ _____
Company _____ Account # _____ Date _____ Amount \$ _____
Company _____ Account # _____ Date _____ Amount \$ _____

Automatic Deposit Transfer Form

Date

Originator/Company of Deposit

Street Address

City State Zip

RE: _____
Name

Account Number

Address

Phone Number

City State Zip

Social Security Number

Dear Sir or Madam:

I have established an account with First Security Bank. I am requesting that you make any of my recurring Direct Deposit(s) to the **new** account listed below.

Direct Deposits to my old account(s) should be discontinued. This authorization is to remain in effect until you receive written notice of termination from me.

I acknowledge that the origination of ACH transactions to my account must comply with applicable provisions of U.S. law.

Please make this transfer effective as of _____:
Date

Old Routing/Transit Number

Old Account Number

New First Security Bank Routing/Transit Number

New First Security Bank Account Number

If this information is not adequate to establish Direct Deposit, please forward the appropriate authorized form for my signature.

Thank you for your assistance,

Customer Signature

Date

Automatic Deductions to be Transferred

Originator/Company of Debit

Street Address

City State Zip

RE: _____
Name

Account Number

Address

Phone Number

City State Zip

Social Security Number

Dear Sir or Madam:

I have established an account with First Security Bank. I am requesting that you deduct any recurring automatic payment(s) to you from the new account listed below. I understand that the amount will be deducted from my account on the due date.

Recurring debits from my old bank account(s) should be discontinued. This authorization is to remain in effect until you receive written notice of termination from me.

I acknowledge that the origination of ACH transactions from my account must comply with applicable provisions of U.S. law.

Please make this transfer effective as of _____:
Date

Old Routing/Transit Number

Old Account Number

New First Security Bank Routing/Transit Number

New First Security Bank Account Number

Thank you for your assistance,

Signature

Date

Account Closing Request Form

Originator/Bank or Financial Institution

Street Address

City State Zip

RE: _____
Name

Account Number

Address

Phone Number

City State Zip

Social Security Number

Dear Sir or Madam:

I hereby request that my
Checking/Savings/Money Market/Certificate of Deposit/Other (circle one) _____
be closed, effective immediately. Please forward a cashier's check representing the closing
balance to me at the address listed above.

If this form is not adequate to authorize the closure of my account, please forward the
appropriate form(s) to the address listed above for my signature.

Thank you for your assistance,

Signature

Date