



First National Bank

Your Locally Owned Hometown Bank

ACCOUNT TRANSFER KIT

CHECKING ACCOUNT INFORMATION FORM



Use this form to transfer your checking account to ----THE FIRST NATIONAL BANK OF PARKFALLS.

INDIVIDUAL ACCOUNT

JOINT ACCOUNT

Name of Primary Account Holder

Name of Joint Account Holder

E-mail Address

E-mail Address

Physical Address

City

State

Zip

Mailing Address (If different)

City

State

Zip

Home Telephone Number

Work Telephone Number

Primary Account Information

Joint Account Holder Information

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Driver's License # - Issue Date - Expiration Date

Driver's License # - Issue Date - Expiration Date

Employer

Employer

Do you currently have any accounts with us? Yes / No (Please Circle)



Circle other time saving products and services that our FIRST NATIONAL BANK OF PARK FALLS Customer Service Representative can contact you about:

If you have any questions completing this form or any of the account transfer kit forms, please contact our ----- FIRST NATIONAL BANK OF PARK FALLS Customer Service Representative at --- 715-762-2411 or 800-721-8333

Debit Card/ATM Card*
Overdraft Authorization Transfer*
Savings Account
Safe Deposit Box

Online Banking
Online Bill Pay
Certificate of Deposit
Christmas Club

*Subject to approval
*Additional Requirement