



## Direct Deposit Enrollment

\_\_\_ New Request      \_\_\_ Change Request

Use this form to notify your employer (or any other non-governmental organization that regularly sends a payment to you) that you want the proceeds deposited directly into the DNB First accounts listed below.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

I hereby authorize (company/organization) \_\_\_\_\_  
Hereinafter called "ORIGINATOR", to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit error to my account(s) indicated below and the depository institution name below, hereinafter called "DEPOSITORY", to credit and/or debit the same to such account.

### Primary Account

**Depository Name (Bank)**

DNB First

**Routing Number**

031908074

**Account Type**

Checking       Savings

**Amount to Deposit**

Net Pay       \$ \_\_\_\_\_  
(Fixed amount)

If the ORIGINATOR allows direct deposit into more than one account, I elect to have part of my proceeds put into the following account:

### Optional Secondary Account

**Depository Name (Bank)**

DNB First

**Routing Number**

031908074

**Account Type**

Checking       Savings

**Amount to Deposit**

Net Pay       \$ \_\_\_\_\_

This is to remain in full force and effect until ORIGINATOR has received written notification from me of its termination in such time and in such manner as to afford ORIGINATOR and DEPOSITORY a reasonable opportunity to act on it.

Date \_\_\_\_\_ Signature \_\_\_\_\_



## Automatic Payment Change Request

Do you make automatic payments from your checking account?  
Perhaps to a life insurance company or health club? If you do, you will want to notify these organizations to begin deducting the payments from your new DNB First checking account.

Complete the form below, detach and include it in an envelope with a voided check or voided deposit slip from your DNB First account. Mail it to the appropriate companies or organizations you have authorized to make withdrawals from your account.

While most companies accept this form there may be some that require you to complete their own change request form.

### Automatic Change Request

To (Payee) \_\_\_\_\_ Payee Address \_\_\_\_\_

Account Number (insert your account number with payee) \_\_\_\_\_

Your Name \_\_\_\_\_ Your Address \_\_\_\_\_

I have opened a new account at DNB First. Please change your records so that my electronic payments to you are deducted from my new account.

DNB First Bank Routing Number: 031908074

DNB First Account Number: \_\_\_\_\_

Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_



## Request to Close Account Notice

Complete this form and return it to your previous bank once your checks have cleared and your automatic payments have been changed to your new account.

To Whom it May Concern:

Please close my account described below

Names(s) on account

Social Security/ Tax Identification Number

Account Number

Account Type

Check only one:

\_\_\_\_\_ No disbursements of funds is necessary

The account balance is zero

I have deposited a check for the balance in my new bank

\_\_\_\_\_ Disbursement of funds is necessary. Prepare a cashier's check for the balance of my account payable to:

Names on account & mail to me:

Name

Address

City, State, Zip

**OR**

DNB First, N.A. for the benefit of:

(DNB First account holder's name) \_\_\_\_\_

To be deposited into account number \_\_\_\_\_

Please include my Social Security number \_\_\_\_\_

Please prepare a cashier's check for the balance of my account, with my social security number and the account number above and mail it to:

DNB First, N.A.

Attention: Call Center

P.O. Box 1004, 104 Brandywine Avenue

Downingtown, PA 19335

Thank you for your prompt attention to this matter.

Sincerely,

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date



### Automatic Payment Checklist

Payment type	Company	Account Number	Amount	Date of Payment
Mortgage/Rent				
Loans				
Insurance				
Credit Cards				
Gas/Oil				
Electric				
Cable/TV				
Telephone				
Cell Phone				
Water				
Trash				
Internet Provider				



<b>Direct Deposit Checklist</b>				
<b>Deposit Type</b>	<b>Company</b>	<b>Account Number</b>	<b>Amount</b>	<b>Date of Deposit</b>
Employee Payroll				
Pension/Retirement Plan				
Social Security				
Investment Income				