

Automatic Payment Request

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

- * Establish Automatic Payment
- * Change my existing Automatic Payment

Automatic Payment Information:

Company Name _____ Address _____
City, State _____ Zip Code _____
Company Account Number _____
Payment Amount \$ _____
 Monthly Bi-Weekly Weekly
First Payment Date _____

Client Personal Information:

Name _____ Mailing Address _____
City, State _____ Zip Code _____
Phone Number _____ Day Evening
E-mail Address _____

Bank Account Information:

Account Type: Checking* Savings* FNBWFL Account Number _____

First National Bank Northwest Florida Routing Number: 063211726

I authorize:

- * The company listed to initiate withdrawal of my funds from the above First National Bank Northwest Florida account.
- * First National Bank Northwest Florida to debit funds from my account for each payment presented.
- * This authorization to remain in effect until I send written notice of change or cancellation.

Signature _____ Date _____

*Debits from money market/ savings accounts will count as a third-party item toward your allowed number of transfers per statement period.