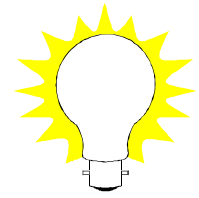


**Personal Switch Kit
Automatic Payment Authorization**



Transfer automatic payment(s) from my previous bank to First Bank of Owasso.

Company to whom automatic payment is made _____

Company Address _____

I closed my checking account at _____

Old Acct. # _____. I hereby authorize automatic payment from my new checking account beginning immediately.

Payment Amount \$ _____ (monthly amount unless otherwise noted.)

New Financial Institution: First Bank of Owasso, PO Box 1800, Owasso, OK 74055.

Account# _____

Routing#: 103112853

Signature _____ Daytime Phone Number _____

Complete one of these forms for each company or organization with whom you have arrangement for automatic payment.