



FNB by Phone AUTHORIZATION REQUEST

As used in this authorization, "I", "We" and "Us" means the owners of the accounts identified below. "You" and "yours" means the Farmers National Bank.

I authorize and direct you to set up the following accounts for Inquiry on Farmers National Bank's 24 Hour Customer Service Line ("FNB by Phone").

I do not wish to have account inquiry at this time.

I authorize and direct you to set up the following accounts for Funds Transfer on Farmers National Bank's 24 Hour Customer Service Line ("FNB by Phone"). I understand that a maximum of 12 accounts may be listed for Funds Transfers.

I do not wish to have funds transfer at this time.

Signature of Authorized Party

Signature of other Authorized Party
(if applicable)

Printed Name & Date (/ /)

Printed Name & Date (/ /)

Address (Primary Owner)

Social Security Number (Primary Owner)

FOR BANK USE ONLY

DATE RECV. _____
RECV. BY _____

DATE INPUT _____
INPUT BY _____