

Automatic Deduction Authorization

TO (Company Name): _____

Department/Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FROM (Franklin Savings Bank Customer): _____

Owner/Principal (if a business): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

RE: INSTRUCTIONS FOR AUTOMATIC ACCOUNT DEDUCTION

_____ This letter is to inform you that I have recently changed financial institutions and need to **switch my automatic deduction** from my current bank account to my new bank account at Franklin Savings Bank. My account number with your company and the routing/transit and account number for my existing and new bank are listed below.

_____ This letter is to **authorize a new automatic deduction** from my account held at Franklin Savings Bank. My account number with your company and my bank routing/transit and account numbers are listed below.

_____ This letter is to **cancel my current automatic deduction**.

Payment Information

Vendor/ Business Name: _____

Account #: _____ Amount of Payment: _____

Current Bank Information (if switching an automatic deduction)

Bank Name: _____

Account #: _____ Routing/Transit #: _____

Credit/Debit Card#: _____ Visa _____ or MasterCard _____

Expiration Date: ____ / ____

Security Code (last group of numbers in the signature area on the back of the card): _____

(New) Bank Information

Bank Name: Franklin Savings Bank _____

Account #: _____ Routing/Transit #: 2117-7017-4 _____

Account Type: Checking _____ or Savings _____

Credit/Debit Card#: _____ Visa _____ or MasterCard _____

Expiration Date: ____ / ____

Security Code (last group of numbers in the signature area on the back of the card): _____

Should you have any questions regarding this request, please feel free to contact me using the above-referenced contact information.

Authorized Signature(s)

Date