

Direct Deposit Form

(for non governmental deposits)

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 DIRECT DEPOSIT

_____ **Switch my Direct Deposit**

You are currently depositing my: _____
(list deposit type: paycheck or other type of deposit.)

Former Bank: _____

Routing Number: _____ Account Number: _____

Please begin making this automatic deposit
into my new account effective: _____

_____ **Set Up My Direct Deposit**

I hereby authorize the above Company to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error in my account indicated below at the depository institution named below.

Depository Institution: Franklin Savings Bank Routing Number: 2117-7017-4

Account Number: _____

Please begin making this automatic deposit
into my new account effective: _____

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

Authorized Signature(s)

Date