

# 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