Direct Deposit Form (for non governmental deposits)

TO (Comp	pany Name):				
Departme	ent/Contact Person:				
Address:					
City:		State:	Zip Code:		
FROM (Fi	ranklin Savings Bank Customer):				
Owner/Pi	rincipal (if a business):				
Address:					
City:		State:	Zip Code:		
Phone: _					
RE: INS	TRUCTIONS FOR DIRECT DEPO	ISIT			
	Switch my Direct Deposit				
	You are currently depositing my:				
		Bank:			
			Account Number:		
	Please begin making this automation 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: <u>Franklin S</u> Account Number:		Routing Number: <u>2117-7017-4</u>		
	Please begin making this automation 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