

# Automatic Payment Change Authorization

Please accept this form as authorization to change my existing automatic payment(s) to my Franklin Savings Bank account indicated below.

CUSTOMER NAME \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## NEW PAYMENT ACCOUNT

ROUTING NUMBER 211770174

CHECKING ACCOUNT NUMBER \_\_\_\_\_

PAYEE (BUSINESS NAME) \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREVIOUS BANK \_\_\_\_\_

PREVIOUS ACCOUNT NUMBER \_\_\_\_\_

*Effective immediately, I authorize you to change my current automatic payments to my new Franklin Savings Bank account identified in the "New Payment Account" information box above.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



*Smarter Banking. Easier Living.*



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