Business Automatic Payment Change Authorization

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

BUSINESS NAME _____

STREET _____ CITY _____ STATE ____ ZIP _____

PHONE # _____

MAILING ADDRESS (IF DIFFERENT) _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

NEW BUSINESS PAYMENT ACCOUNT

ROUTING NUMBER 211770174

BUSINESS CHECKING ACCOUNT NUMBER _____

PAYEE (BUSINESS NAME) _____

ACCOUNT NUMBER _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

PREVIOUS BANK _____

PREVIOUS BUSINESS ACCOUNT NUMBER_____

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

SIGNATURE _____ DATE _____

FSB
Franklin Savings Bank

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