

Business Direct Deposit Authorization

Give this form to your vendors
or clients to change your
direct deposits

BUSINESS NAME _____ DATE _____

BUSINESS CONTACT _____

TAX ID # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____

Previous Financial Institution

NAME OF INSTITUTION _____

BUSINESS ACCOUNT NUMBER _____

New Financial Institution

NAME OF INSTITUTION FRANKLIN SAVINGS BANK

STREET 387 CENTRAL STREET CITY FRANKLIN STATE NH ZIP 03235

BUSINESS ACCOUNT NUMBER _____

ROUTING NUMBER 211770174

*I hereby authorize you to direct future automated direct deposits to my new business
checking account effective ____/____/____.*

SIGNATURE _____ DATE _____



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