

# Direct Deposit Authorization

Give this form to your employer to change your direct deposit.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

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

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

COMPANY NAME \_\_\_\_\_

## Previous Financial Institution

NAME OF INSTITUTION \_\_\_\_\_

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

## New Financial Institution

NAME OF INSTITUTION FRANKLIN SAVINGS BANK

STREET 387 CENTRAL STREET CITY FRANKLIN STATE NH ZIP 03235

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

ROUTING NUMBER 211770174

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

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



*Smarter Banking. Easier Living.*



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