

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 ADDRESS: _____ CITY: _____

STATE: _____ ZIPCODE: _____ PHONE #: _____

MAILING ADDRESS (IF DIFFERENT): _____

CITY: _____ STATE: _____ ZIPCODE: _____

NEW PAYMENT ACCOUNT

ROUTING NUMBER: 211770174

CHECKING ACCOUNT #: _____

PAYEE (BUSINESS NAME): _____

ACCOUNT #: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PREVIOUS BANK: _____

PREVIOUS ACCOUNT #: _____

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

SIGNATURE: _____ DATE: _____



Smarter Banking. Easier Living.
FSBNH.BANK

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