

# Business Direct Deposit Authorization

Please give this form to your  
vendors or clients to change your  
direct deposit(s).

BUSINESS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS CONTACT: \_\_\_\_\_

TAX ID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

## **Previous Financial Institution**

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

BUSINESS ACCOUNT #: \_\_\_\_\_

## **New Financial Institution**

NAME OF INSTITUTION: Franklin Savings Bank

ADDRESS: 387 Central Street

CITY: Franklin STATE: NH ZIPCODE: 03235

BUSINESS ACCOUNT #: \_\_\_\_\_ ROUTING #: 211770174

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

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



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