

Direct Deposit Authorization

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

NAME: _____ DATE: _____

SOCIAL SECURITY #: _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIPCODE: _____ PHONE #: _____

COMPANY NAME: _____

Previous Financial Institution

NAME OF BANK/ FINANCIAL INSTITUTION: _____

ACCOUNT #: _____

New Financial Institution

NAME OF BANK/FINANCIAL INSTITUTION: FRANKLIN SAVINGS BANK

STREET ADDRESS: 387 CENTRAL STREET

CITY: FRANKLIN STATE: NH ZIPCODE: 03235

ACCOUNT #: _____ ROUTING #: 211770174

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

SIGNATURE: _____ DATE: _____



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