



AUTHORIZATION TO CHANGE DIRECT DEPOSIT

Complete this form for each employer/organization with whom you have arranged for direct deposit.

Company Name	
Address	
City/State/Zip	

Currently you are automatically depositing my paycheck/payments to the following account(s):

Old Bank Name	Account Number	Routing Number

Please begin depositing my paycheck/payments into my new Bank of Franklin County account(s) effective as of date noted:

Account Type	Account Number	Routing Number	Deposit Date	Allocation %
		081918946		
		081918946		
		081918946		
		081918946		

Please accept this notification which authorizes you to begin making automatic deposits to my new Bank of Franklin County account(s) pursuant to the above. If this is not sufficient authorization, please contact me.

I have attached a voided check or deposit slip which verifies my new account information (not necessary for savings accounts).

Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 Tax Identification Number (SSN) _____

Signature _____ Date _____



AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT/WITHDRAWAL

Complete this form for each organization with whom you have arranged automatic payments.

I have closed the following account:

Old Bank Name	
Account Name	
Account Number	
Effective Date Closed	
Name on Account	
Social Security Number	

I have opened the following new Bank of Franklin County account:

Account Name	
Account Number	
Routing Number	081918946

I hereby authorize automatic payment from my Bank of Franklin County account to the following organization effective as of the date noted:

Company Name	
Address	
City/State/Zip	
Effective Date	

Please accept this notification which authorizes you to begin making automatic withdrawals to my new Bank of Franklin County account(s) pursuant to the above. If this is not sufficient authorization, please contact me.

Name _____
Address _____
City/State/Zip _____
Phone _____
Tax Identification Number (SSN) _____

Signature _____

Date _____