

**FAIRPORT SAVINGS BANK
DIRECT DEPOSIT FORM**

To whom it may concern,

Please accept this letter as authorization to change my direct deposit to Fairport Savings Bank.

Employer Company Name _____
 Address _____
 City, State, Zip _____

Employee Name _____
 Address _____
 City, State, Zip _____
 Employee ID (If applicable) _____

Fairport Savings Bank Account Information:

Fairport Savings Bank
45 South Main Street
Fairport, NY 14450

ABA Routing Number: **222371698**

Account 1: _____
Account Type: Checking Savings

Account 2: _____
Account Type: Checking Savings

Full Amount
 Other Amount \$ _____

Other Amount \$ _____

Customer Signature

Date



WWW.FAIRPORTSAVINGSBANK.COM

585-223-9080

