



Authorization for ACH Credit

COMPANY NAME: SECURITY SERVICE FEDERAL CREDIT UNION

COMPANY ID#: 314088637

I/We authorize the COMPANY (named above) to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my/our account at the DEPOSITORY (identified below), for the purpose of automatically depositing funds to my/our account.

I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

INSTITUTION NAME: _____

CITY, STATE, ZIP: _____

ROUTING NUMBER: _____ (See attached voided check/draft or deposit slip)

ACCOUNT NUMBER: _____

Checking Savings Other

New Authorization Change to Previous Termination

I/We understand that this authorization replaces any previous authorization and will remain in force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it. Consumer accounts can only credit to a consumer checking or savings account.

Name: _____

Account # _____

Signature

Date

Name: _____

Signature

Date

Signature (CD/Account Holder if other than Depository Name)

Date