Consumer Authorization for Direct Deposit via ACH (ACH CREDITS)

Check all that apply:	Begin Deposit	Change Information	Split Among Multiple Accounts				
I have provided information for each of my accounts below.							

I (we) hereby authorize ("COMPANY") to electronically credit my (our) account (and, if Company Name necessary, to electronically debit my (our) account to correct erroneous credits). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Account #1

Checking Account/	Savings Account (select one) at the	ne depository financial institution ("D	EPOSITORY") named below.
Depository Name			
Routing Number	Account Number		
Name (s) on the Account			
Amount of credit (i.e., flat amount	or percentage)		
Date(s) and/or frequency of credit	:(s)		

Account #2

_____Checking Account/_____Savings Account (select one) at the depository financial institution ("DEPOSITORY") named below. Depository Name

 Routing Number______
 Account Number ______

 Names (s) on the Account ______
 Account Number ______

Amount of credit (i.e., flat amount or percentage) ______

Date(s) and/or frequency of credit(s) _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY (insert manner of revocation, i.e., in writing, by phone, location, address, etc.) that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least (number of days/weeks) prior notice in order to cancel this authorization.

Name (s)		Please Print	
Date:Si	gnature (s)		
Dear Sir/Madam,			
I (we) have recently or	pened an account with Security State	Bank and would like our direct deposit	to go directly to this new account
My (our) social securit	y number(s) are:	/	
		New Account Number is:	
If you have any question	ons or need further information, plea	ase contact me at the phone number or	email listed below. Thank you.
		Dat	te

Signature

Phone Number (s)

Email Address