

DIRECT DEPOSIT AUTHORIZATION

Please give this form to your employer to move your direct deposits into your new account(s).

I authorize (company) _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

...to accept this signed form to direct my payment/credit to my SECURITY STATE BANK checking/savings account. I understand that it may take up to 30 days to process this request.

Owner Signature

Date

Security State Bank ACH Routing/Transit Number 091510075

Account Number _____

Account Type: Checking Savings

Amount _____

Account Number _____

Account Type: Checking Savings

Amount _____