

Consumer Authorization for Direct Payment via ACH (ACH Debits)

I (we) authorize _____ (“COMPANY”) to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Company Name

_____ Checking Account/ _____ Savings Account (select one) at the depository financial institution (“DEPOSITORY”) named below:

Depository Name _____

Routing Number _____ Account Number _____

Amount of debit(s) or method of determining amount of debit(s): _____

Date(s) and/or frequency of debit(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): _____

DATE: _____ SIGNATURE(S): _____

Dear Sir/Madam,

I (we) have recently opened an account with Security State Bank and would like to have our electronic debit from your company changed over to my new account.

I (we) would like to have this automatic payment discontinue debiting my (our) current account and start withdrawing from my (our) account with Security State Bank.

If you have any questions, or need further information, please contact me at the phone number or email listed below: Thank you for your assistance.

Sincerely,

Signature(s)

Date

Phone Number(s)

Email Address

Security State Bank:

114904775
Routing Number

Account Number