

Authorization for External Automatic Transfer (Payment) for a Consumer Credit Account
SECURITY STATE BANK

Transfer To:	Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan
Account Holder Name: _____				
Bank Name: _____		Amount: \$ _____		
Routing Number: _____		Account Number: _____		
Additional Information: _____				
Transfer From:	Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan
Account Holder Name: _____				
Bank Name: _____		Amount: _____		
Routing Number: _____		Account Number: _____		
Additional Information: _____				
Authorization Type:	Monthly:	Effective Date: _____		
<input type="checkbox"/> New <input type="checkbox"/> Change	<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th	Termination Date: _____		
Please attach a VOIDED check or withdrawal slip. We cannot accept a checking deposit slip or temporary check.				

SSB must receive notification of cancellation at least 10 days prior to the next transfer date.

For Loan Accounts, the "Regular Payment" is the minimum payment amount as determined by my line of credit or loan agreement.

If you are submitting your request at least ten (10) business days prior to the due date for loans or ten (10) business days prior to the line of credit statement date, the automatic payment service will go into effect for the current month. Otherwise, the automatic payment service will begin the following month. The transfer amount will not be withdrawn from your account if your account is paid in advance. In that event, the transfer amount will be withdrawn from your account on the next following payment due date. If the account's payment due date falls on a weekend or holiday your payment will be credited as of the date due on the next business day. The payment amount will vary with the changes in escrow or principal and interest components, if applicable.

This authorization will remain in effect until the institution receives written notice of revocation in a time and manner that affords the institution and my (our) depository originator and the consumer's bank a reasonable opportunity to act on such notification. The authorization may be revoked by sending written notice or by completing a new copy of the form and mailing to Security State Bank, Maintenance & ACH, PO Box 107, Chancellor, SD 57015. If you require assistance in completing the form or have additional questions, please call Security State Bank at 1(855)647-2228.

I (We) authorize Security State Bank to make debit entries in the form of ACH transfers or other automatic transfers to the account identified above in the section entitled "Transfer From" for the purpose of completing the transfers described above. I (We) acknowledge that the origination of ACH transaction to my (our) account must comply with the provision of U.S. Law and the Rules of the National Automated Clearing House Association.

Customer Signature: _____

I (We) hereby authorize Security State Bank to cancel the above described automatic entry effective: _____

X _____
Customer Signature