



PAYROLL DEDUCTION/ DIRECT DEPOSIT & ALLOCATION FORM

765 West Poplar Ave, Collierville, TN 38017 • PO Box 310, Collierville, TN 38027 • 901.452.7900 • 800.633.4128

Please complete the application here, then print it out, sign and return to Southern Security via mail, fax or in-person.

Date _____

Start Change Stop

PLEASE PRINT

MEMBER NAME		
ADDRESS		
CITY	STATE	ZIP
SOCIAL SECURITY NUMBER		
MEMBER ACCOUNT NUMBER	SOUTHERN SECURITY ABA/ROUTING 284 085 168	
HOME PHONE ()	CELL PHONE ()	
EMAIL		

PLEASE PRINT

EMPLOYER		
STREET ADDRESS		
CITY	STATE	ZIP
EMPLOYER PHONE ()		

This is to authorize my employer to deduct from my salary

100% of my paycheck each pay period OR **\$ _____ each pay period**

and remit the same to Southern Security Federal Credit Union to apply to my Share Account(s). I understand that my account cannot be closed until all payroll deductions have been credited and verified by the credit union.

Southern Security is to distribute the above sum accordingly:

SAVINGS	\$	CHECKING*	\$	HOLIDAY CLUB	\$
IRA*	\$	IMMA*	\$	MISC. SAVINGS	\$

**Additional application and authorization required before these services may begin.*

This request is effective as of the date above. I understand that this form will replace, in its entirety, any Payroll Deduction/Direct Deposit & Allocation Form I have previously submitted. And I acknowledge changes may take two to three pay periods before they take effect.

X _____ DATE _____
MEMBER SIGNATURE