PAYROLL DEDUCTION AND ALLOCATION

Date _____ Account Number _____

Social Security Number _____

Name _____
Please print

Employer _____

☐ Start
☐ Change

Please return this with the Member Account Agreement Form to:

Payroll Processing, SSFCU
Routing #: 284085168
P.O. Box 310
Collierville, TN 38027

THIS IS TO AUTHORIZE MY EMPLOYER TO DEDUCT FROM MY SALARY…

☐ **100% of paycheck each pay period Direct Deposit**

Or

☐ **$ _____ each pay period**

and remit the same to Southern Security 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.

Please distribute the above sum accordingly:

Savings $_____ Checking* $ _____ Christmas Club $ _____

IRA* $ _____ Money Market* $ _____ Misc. $ _____

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

Member Signature _____

SOUTHERN SECURITY

765 West Poplar Ave., Collierville, TN 38017 • P.O. Box 310, Collierville, TN 38027
Phone: 901-452-7900 • Toll Free Phone: 800-633-4128 • Email: MYCU@southernsecurity.org • southernsecurity.org