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

SOUTHERN SECURITY

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

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 _____ _____
MEMBER SIGNATURE DATE

FOR OFFICE USE ONLY: ☐ *Phone* ☐ *Office* ☐ *Mail* *Staff* _____ *Teller #* _____ *Date* _____