



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 and give a copy to your payroll department and send a copy to Southern Security via email, mail or in-person.

Date _____		<input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> 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															
<input type="checkbox"/> 100% of my paycheck each pay period OR <input type="checkbox"/> \$ _____ each pay period															
<i>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.</i>															
Southern Security is to distribute the above sum accordingly:															
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; text-align: center;">SAVINGS</td><td style="width: 10%; text-align: center;">\$</td><td style="width: 25%; text-align: center;">CHECKING*</td><td style="width: 10%; text-align: center;">\$</td><td style="width: 25%; text-align: center;">HOLIDAY CLUB</td><td style="width: 10%; text-align: center;">\$</td></tr><tr><td style="text-align: center;">IRA*</td><td style="text-align: center;">\$</td><td style="text-align: center;">IMMA*</td><td style="text-align: center;">\$</td><td style="text-align: center;">MISC. SAVINGS</td><td style="text-align: center;">\$</td></tr></table>				SAVINGS	\$	CHECKING*	\$	HOLIDAY CLUB	\$	IRA*	\$	IMMA*	\$	MISC. SAVINGS	\$
SAVINGS	\$	CHECKING*	\$	HOLIDAY CLUB	\$										
IRA*	\$	IMMA*	\$	MISC. SAVINGS	\$										
<small>*Additional application and authorization required before these services may begin.</small>															
<small>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.</small>															
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">X _____ <small>MEMBER SIGNATURE</small></div><div style="width: 45%;">_____ <small>DATE</small></div></div>															