



ACH Payment Authorization: Security Service Loan

Member Information - Please Print

Name: _____ Phone Number: _____

Loan Number: _____

Action (Check only one box)

Add Change Cancel

Account to be Debited (Please Print and Check only one box) *Attach Voided Check/Deposit Slip

Institution Name: _____

Account Number: _____

Routing Number: _____

Account Type: Checking Savings

Payment Amount

Recurring Payment amount shall equal my/our scheduled monthly payment amount per the original contractual agreement. Additional or partial payments made during the loan period may affect the monthly payment draft amount. For additional details, please consult with the Payment Services Department (210) 476-4780 Option 2, Option 3.

Payment Date

Each debit will take place on the Payment date (Due Date) as indicated on my/our original contractual agreement or debit my/our account on the next business day if the due date falls on a Saturday, Sunday or a Federal Reserve holiday.

Additional Information

Consumer Loan Payments may only be made from a Consumer Checking or Savings account. You must allow (10) ten business days from the date SSFCU receives the signed ACH Payment Authorization form along with a voided check or deposit slip for initial set-up of the ACH information. If a voided check or deposit slip is not enclosed, the authorization may be returned and processing delayed. This timeline will also apply for changes or cancellations.

All transactions must comply with provisions of the U.S. Law. My/Our loan account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We understand that this authorization will remain in full force and in effect until the termination date or until SSFCU has received written notification from me (or either of us) that the authorization is revoked in such time and such manner as to afford SSFCU a reasonable opportunity to act upon it. A fee will be assessed for all returned items from other institutions and will be charged to your SSFCU Loan Account.

Authorized Account Signers

I/We authorize Security Service Federal Credit Union (SSFCU) to debit my/our account on the payment date indicated above or to change/cancel my ACH Payment Authorization from the account identified above.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please send form to:

Security Service Federal Credit Union, PO Box 691510, San Antonio, Texas 78269 • FAX (210) 476-4414 • SSFCU@SSFCU.org

Please retain a copy of this ACH Authorization for your records.