



**AUTHORIZATION AGREEMENT
FOR DIRECT PAYMENTS (ACH DEBITS) LOANS**

I (we) hereby authorize Security State Bank ("Bank") to initiate debit entries to transfer funds from my (our)

Checking Account (OR) Savings Account indicated below at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions authorized herein shall comply with all applicable U.S. law.

Depository Name _____

Routing Number _____ Account Number _____

I (we) also authorize the Bank to initiate electronic credit entries and adjustments for any entries in error to the above account.

Payment to my (our) Security State Bank Loan:

Loan Number _____ Loan Type _____ (Loan)

These authorizations shall remain in full force and effect until the Bank has received notification from me (or either of us) of its termination in writing by mail to Security State Bank, P.O. Box 279, Hibbing, MN 55746 that is received at least three (3) days prior to the proposed effective date of the termination of authorization.

Name(s) _____
Please Print

Date _____ Signature _____

Date _____ Signature _____