

# 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 \_\_\_\_\_

