

NON-SSB customer

Authorization for Automatic Transfer (Payment) for a Consumer Credit Account
 Institution Name (the institution) SECURITY STATE BANK

<input type="checkbox"/> New Automatic Transfer <input type="checkbox"/> Update/Modify Existing Transfer		<input type="checkbox"/> Cancel Existing Transfer Security State Bank Line/Loan Advance Account Number (Required for Cancellation) _____ SSB MUST RECEIVE NOTIFICATION OF CANCELLATION AT LEAST 10 DAYS PRIOR TO THE NEXT PAYMENT DUE DATE.	
Transfer From:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Please attach a VOIDED check or withdrawal slip. We cannot accept a checking deposit slip or temporary check BANK NAME (depository): _____	
Routing/Transit Number		Account Number	
Name(s) on Account _____			
Transfer To:	Security State Bank Line/Loan Account Number (Required) _____		
Primary Borrower Name (if different from above): _____			
Transfer Information/Payment Option (limited to one payment on the due date)			
Payment Options		Transfer Amount	
<input type="checkbox"/> Regular Payment \$ _____		<input type="checkbox"/> Regular Payment \$ _____	
<input type="checkbox"/> Regular Payment plus Additional Principal \$ _____		<input type="checkbox"/> Regular Payment plus Additional Principal \$ _____	

For Personal Credit Management Accounts, the "Regular Payment" is the minimum payment amount as determined by my line of credit or loan agreement.

If you are submitting your request at least ten (10) business days prior to the due date for loans or ten (10) business days prior to the line of credit statement date, the automatic payment service will go into effect for the current month. Otherwise, the automatic payment service will begin the following month. The transfer amount will not be withdrawn from your account if your account is paid in advance. In that event, the transfer amount will be withdrawn from your account on the next following payment due date. If the account's payment due date falls on a weekend or holiday your payment will be credited as of the date due on the next business day. The payment amount will vary with the changes in escrow or principal and interest components, if applicable.

This authorization will remain in effect until the institution receives written notice of revocation in a time and manner that affords the institution and my (our) depository originator and the consumer's bank a reasonable opportunity to act on such notification. The authorization may be revoked by sending written notice or by completing a new copy of the form and mailing to Security State Bank, Maintenance & ACH, PO Box 107, Chancellor, SD 57015. If you require assistance in completing the form or have additional questions, please call Security State Bank at 1 (855)647-2228.

I (We) authorize Security State Bank to make debit entries in the form of ACH transfers or other automatic transfers to the account identified above in the section entitled "Transfer From" for the purpose of completing the transfers described above. I (We) acknowledge that the origination of ACH transaction to my (our) account must comply with the provision of U.S. Law and the Rules of the National Automated Clearing House Association.

Customer Signature: _____

I (We) hereby authorize Security tsate Bank to cancel the above described automatic entry effective: _____

X _____

Customer Signature

SECURITY STATE BANK

Tyndall, SD - Chancellor, SD - Heron Lake, MN

SDB Customer

ACCOUNT HOLDER(S)	FINANCIAL INSTITUTION

AUTOMATIC TRANSFER AUTHORIZATION

In this authorization, the words "we," "our," or "us" mean the Financial Institution and the words "you" or "your" mean the Account Holder(s). Text following a box which is not checked does not apply to this agreement. You authorize us to make the following transfer of funds:

<p style="text-align: center;">From Debited Account:</p> <p>Account No. _____ Account Title _____ _____ Type <input type="checkbox"/> Savings/Share <input type="checkbox"/> Checking/Share Draft <input type="checkbox"/> NOW <input type="checkbox"/> _____</p>	<p style="text-align: center;">To Credited Account:</p> <p>Account/Loan No. _____ Account Title/Loan Description _____ _____ Type <input type="checkbox"/> Savings/Share <input type="checkbox"/> Checking/Share Draft <input type="checkbox"/> NOW <input type="checkbox"/> Club Acct. <input type="checkbox"/> Safe Deposit Fee <input type="checkbox"/> Mortgage Loan Payment <input type="checkbox"/> Installment Loan Payment <input type="checkbox"/> _____</p>
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We will make transfers on the following basis:

PERIODIC TRANSFERS
Amount to be Transferred \$ _____ Effective Date _____ Termination Date _____
Frequency: Weekly Monthly _____

MAINTENANCE TRANSFER OF FUNDS

You authorize us to charge your Debited Account when the account balance of your Credited Account falls below a minimum of \$ _____ and to transfer and deposit these funds in this account. The amount we can charge and transfer shall equal the amount necessary to raise your Credited Account balance to equal or exceed the minimum balance (if any). We will make all transfers in multiples of \$ _____.
You authorize us to charge your Debited Account \$ _____ for each _____.

INSUFFICIENT FUNDS TRANSFER

You authorize us to charge your Debited Account and to transfer and deposit money into your Credited Account to cover each overdraft on your Credited Account. We will make all transfers in multiples of \$ _____.
You authorize us to charge your Debited Account \$ _____ for each _____.

If a transfer date is a non-processing day for us then the transfer will be made on the first processing day before after the scheduled transfer date.

By signing below, the undersigned agree(s) to all the terms and conditions beginning on page 1 through the bottom of page 2 of this Authorization.

Signature _____ Signature _____
Authorization Number _____ Date _____

TERMINATION OF THIS AGREEMENT: Any one of you may cancel this agreement by giving us written notice. Your notice will be effective _____ (_____) days after we receive it.

effective _____ (date) the undersigned cancels this Automatic Transfer Authorization.

Signed _____