AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
(ACH DEBIT another FI and deposited in SSB)

CHECK ONE:

☐ ADD (New Preauthorized Debit Participant)	☐ CHANGE (Financial Institution and/or Account #)	☐ DELETE (Cancel Participation in the Program)

I (we) hereby authorize SouthStar Bank, S.S.B. to initiate debit entries to my (our) account indicated below and the Financial Institution, hereafter called FI, named below in the amount of

$_____ on the _____ day of each month beginning on _____(mm/dd/yyyy) and ending on _____(mm/dd/yyyy) and/or any subsequent renewals, extensions or modifications. I (we) hereby authorize SouthStar Bank, S.S.B. to initiate credit entries to my (our) account number(s) (loan) _____ at SouthStar Bank, S.S.B. for this transaction until debit is paid off in full. I (we) acknowledge the origination of an ACH transaction to/from my (our) account must comply with all provisions of U.S. laws.

CUSTOMER NAME (hereafter called Customer)	CUSTOMER'S FI NAME	
CITY	STATE	ZIP CODE
FI CONTACT NAME	FI PHONE NUMBER	FI WEBSITE

Please use the following account for ACH Debit from another FI:

TRANSIT ROUTING NUMBERS

⑆										⑆

ACCOUNT NUMBER INFORMATION

☐ Checking ☐ Savings

This authority is to remain in full force and effect until SouthStar Bank, S.S.B. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford SouthStar Bank, S.S.B. and Customer a reasonable opportunity to act on it.

_____ _____
(print individual name) (print individual name)

_____ _____
(signature) (signature)

_____ _____
(date) (date)

SouthStar Bank, S.S.B. Maintenance Signature/Date: _____

***Submit this form by going to https://southstarbank.com/help-support/secureupload/. After logging in to our Secure portal, go to the "Compose" tab and select "Account Forms" as the recipient**

Member FDIC EQUAL HOUSING LENDER