



## ACH Credit Authorization Agreement

Please indicate reason for request (**check only one**):

- Create a New ACH Authorization (**Complete sections 1-4 and 6**)
- Change the Date/Amount/Bank/Account number of an existing ACH Authorization (**Complete sections 1-4 that apply, and 6**)
- Cancel an Existing ACH Authorization (**Complete sections 5 and 6**)

<b>1. SouthStar Bank, S.S.B. Account (required)</b> _____ <b>Note:</b> If changing the SouthStar Bank, S.S.B. account number, please provide the account the ACH is changing from _____		
<b>2. Name of Financial Institution to Credit</b> _____		
ROUTING NUMBER	ACCOUNT NUMBER	<input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/> Checking
<b>To avoid processing delays:</b> <ul style="list-style-type: none"> <li>Requests will need to be received by 10 business days prior to date of the credit</li> <li>You must be an account owner on both accounts</li> <li>Attach document from the other Financial Institution:           <ul style="list-style-type: none"> <li>Must be pre-printed with the names of the account owners and the complete account number</li> <li>Acceptable documentation: Voided Check, Statement Copy or Verification Letter</li> </ul> </li> </ul>		
<b>3. Amount to Credit</b> _____		
<b>4. Date/Frequency.</b> I would like my ACH transaction to begin transferring on (MM/DD/YY) _____ and to re-occur as follows: <input type="checkbox"/> Bi-weekly, every two weeks (indicate day) <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Monthly (indicate date 1 <sup>st</sup> -28 or last day of month) _____ <input type="checkbox"/> Semi-Monthly, every 15 days (indicate dates 1 <sup>st</sup> - 28 <sup>th</sup> or last day of month) _____ & _____ <b>Note:</b> If the date you have requested the ACH transaction to occur is on a weekend or holiday, the transaction will occur the following business day. If you are using the funds for a loan payment you <b>must</b> choose a date <b>4 days prior</b> to your loan due date to avoid NSF fees.		
<b>5. Please cancel the ACH to</b> _____ <b>for</b> _____ <b>effective</b> _____ <div style="display: flex; justify-content: space-around; margin-left: 100px;"> <span>Financial Institution Name</span> <span>Dollar Amount</span> <span>Date</span> </div> <b>from SSB</b> _____ <div style="display: flex; justify-content: center; margin-left: 100px;"> <span>Account Number</span> </div>		



**AUTHORIZATION**

I(We) acknowledge that the origination of ACH transaction from my(our) account must comply with the provision of U.S. Law and the Rules of the National Automated Clearing House Association. I(We) further acknowledge that I(we) have retained a copy of this authorization when I(we) signed it.

You hereby authorize and request SouthStar Bank to credit funds to account(s) at the Financial Institution(s) indicated and debit the funds according to the above instructions. Funds need to be on deposit at the designated Financial Institution on the evening prior to the effective date of the ACH debit. In the event of an error, you authorize SouthStar Bank to take any and all action required to correct the error.

If you are using funds for a loan payment, the ACH may automatically deactivate once the loan is paid off. Please notify us if you would like the authorization to continue. You must notify us in writing 10 business days prior to date of the credit if you would like to make any changes or to cancel the authorization.

You agree to indemnify and hold SouthStar Bank harmless from all costs, including attorney’s fees, (to the extent permitted by law), damage or claims related to SouthStar Bank’s action in refusing payment of the item, including claims of any joint account-holder, payee, or endorsee, or in failing to cancel or process an item as a result of incorrect information provided by you.

By signing below, you certify that the information you have given on this ACH Credit Authorization Agreement for Processing is complete, true, and submitted for the purpose selected above.

6. PRINT NAME _____	SIGNATURE _____	DATE _____
<b>FOR SSB USE</b>		
REP. NAME and DATE:		EXT.

**\*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**