

ACH DIRECT DEPOSIT AUTHORIZATION FORM

The purpose of this form is to authorize automatic direct deposit transactions.

AUTHORIZATION AGREEMENT

I hereby authorize SSIU, LLC to initiate automatic deposits to the account at the financial institution named below. I also authorize SSIU LLC to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold SSIU, LLC responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until SSIU, LLC receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to SSIU.

ACCOUNT INFORMATION

| | | |
|--|-----------------|---|
| Name of Person or Organization as it appears on the account: | | |
| Name of Financial Institution: | | |
| Routing Number: | Account Number: | Account Type: <input type="radio"/> Checking <input type="radio"/> Savings |
| Authorized Signature: | | Date: |

Please attach a voided check and return this form to accounting@ssiuw.com or mail to:

SSIU ATTN Accounting Department
PO Box 580
Foley AL 36536