



Authorization Agreement for Automatic Payment

1. Please Check One:		
<input type="checkbox"/> NEW Authorization	<input type="checkbox"/> CHANGE in Authorization	<input type="checkbox"/> CANCEL Authorization
2. Customer Information (Print)		
Name: _____		
Address: _____		
Contact Person's Name: _____		
Telephone Number: _____		
Email Address: _____		
3. Financial Institution Information (Print)		
Bank Name: _____		
Bank Address: _____		
Name on Bank Account: _____		
Bank Account Number: _____		
Nine – Digit Bank Routing/Transit Number (ABA): _____		
Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Attach Voided Check to this form:	<input type="checkbox"/> Check Attached	
Automatically deduct amount shown on the monthly statement of Farmers Coop Society. The deduction will be made on or after the 15 th of every month and will include any available discount. Fees may apply for those accounts that have insufficient funds. Initial Here: _____ (REQUIRED)		
4. Signature		
Print Name: _____	Signature: _____	
	Date: _____	
Company: _____	By: _____	
	Title: _____	

Important Information:
Please mail, email, or fax all completed forms to JVanEvera@farmerscoopsociety.com or fax #712-722-2674
Farmers Coop Society Attn: Julie Van Evera 317 3 rd Street NW Sioux Center, IA 51250
For Office Use Only
AR Reviewed & Approved: _____
Date: _____