FARMERS COOP SOCIETY

Authorization Agreement for Automatic Payment

1. Please Check One:

☐ NEW Authorization ☐ CHANGE in Authorization ☐ 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: ☐ Checking ☐ Savings

Attach Voided Check to this form: ☐ Check Attached

Automatically deduct amount shown on the monthly statement of Farmers Coop Society. The deduction will be made on or after the 20th of every month. 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 or email all completed forms to accountrequests@farmerscoopsociety.com
Farmers Coop Society
317 3rd Street NW
Sioux Center, IA 51250

For Office Use Only

AR Reviewed & Approved:
Date: