



# Authorization Agreement for Automatic Payment

<b>1. Please Check One:</b>		
<input type="checkbox"/> NEW Authorization	<input type="checkbox"/> CHANGE in Authorization	<input type="checkbox"/> CANCEL Authorization
<b>2. Customer Information (Print)</b>		
Name:		
Address:		
Contact Person's Name:		
Telephone Number:		
Email Address:		
<b>3. Financial Institution Information (Print)</b>		
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 10 <sup>th</sup> of every month and will include any available discount. Fees may apply for those accounts that have insufficient funds. Initial Here: _____ (REQUIRED)		
<b>4. Signature</b>		
Print Name: _____	Signature: _____	
	Date: _____	
Company: _____	By: _____	
	Title: _____	

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

