



Farmers Cooperative Elevator Company

Bank Authorization Form

I (we) hereby authorize FARMERS COOP, hereinafter called COMPANY, to complete debit entries initiated by me from my (our) Checking Savings account (**select one**) indicated below and the financial institution named below, hereinafter called DEPOSITORY, to debit the same from such account.

This authority is to remain in force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: _____ Coop Account Number: _____

Bank Name: _____ Branch: _____ Bank Routing No.: _____

Address: _____ City, State, Zip: _____ Bank Account No.: _____

Name (Signature) _____ Date: _____

Name (Printed) _____

Return Form to: aflickner@gardenplaincoop.com

or

P.O. Box 340 Cheney, KS 67025 • 316-542-3182