AUTHORIZATION FOR DIRECT DEPOSIT

I (We) _____ authorize Farmer's Coop Equity to initiate electronic credit entries, and if necessary, debit adjustments entries for any errors to my: ( ) checking or ( ) savings account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This authority will remain in effect until I have cancelled it in writing.

Date _____

Financial Institution
_____

Account Number at this Financial Institution
_____

Financial Institution Routing/Transit Number
_____

Financial Institution City and State
_____

Signature _____

Note: Please attach a voided check and mail authorization to:

FCE
102 N Burr
Isabel, KS 67065