



ACH AUTHORIZATION FORM

I (we) hereby authorize Hull Cooperative Association to initiate entries to my (our) checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Hull Cooperative Association is notified by me (us) in writing to cancel it in such time as to afford Hull Cooperative and the Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address of Financial Institution – Branch, City, State, & Zip

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Checking \_\_\_\_ Savings \_\_\_\_ (check one)

*Attach void check or deposit slip here*

Check one

- \_\_\_\_\_ Automatically deduct amount shown on the monthly statement of Hull Cooperative Association. The deduction will be made on or after the 15<sup>th</sup> of the month.
- \_\_\_\_\_ I will schedule the amount and date of the payment using the “Farmer Data” link on the Hull Coop web site

\_\_\_\_\_  
Your Name – Please Print

\_\_\_\_\_  
Hull Coop Account Number

\_\_\_\_\_  
Address – Please Print

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)