



# Farmers Cooperative Elevator Company

## Bank Authorization Form

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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.

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Name: \_\_\_\_\_ Coop Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Bank Routing No.: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Bank Account No.: \_\_\_\_\_

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Name (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Name (Printed) \_\_\_\_\_

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Return Form to: [aflickner@gardenplaincoop.com](mailto:aflickner@gardenplaincoop.com)

or

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