



**CHS Inc.**  
**Electronic Funds Transfer (EFT) Authorization Form**

All fields marked with an asterisk (\*) are required.

The named company/individual acknowledges and agrees that the terms and conditions of all agreements with CHS and its subsidiaries concerning the method and timing of payments for goods and services shall be amended as provided herein. Payment will be delivered electronically via ACH/direct deposit to the bank account noted below. The payee will give thirty (30) days advance notice in writing to CHS for any changes in its depository institution or other payment instructions.

\*Payee Legal Name: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*City, State, Zip: \_\_\_\_\_

\*Phone: (        ) \_\_\_\_\_

\*Email Address  
 (for payment notifications): \_\_\_\_\_

(Payment notifications will be sent from either [JDEAP@chsinc.com](mailto:JDEAP@chsinc.com) or [AP@chsinc.com](mailto:AP@chsinc.com) to the email address provided above)

**Accounts Receivable Information (if applicable):**

Contact Name: \_\_\_\_\_

Phone (if different than above): (        ) \_\_\_\_\_

Email (if different than above): \_\_\_\_\_

**ACH Payment Information:** **Note:** Payments to Canadian financial institutions will be made in Canadian Dollars (CAD).

\*Select one:      **US Bank**       **Canadian Bank**

\*Bank Name: \_\_\_\_\_

\*Bank Routing Number: \_\_\_\_\_  
 (Must be 9 digits)

\*Bank Account Number: \_\_\_\_\_

\*Account Type: (select one)      **Checking**       *To ensure data accuracy, please attach a voided check or clear copy of one if possible. Do not use bank information from a savings deposit slip for a checking account.*  
    **Savings**       *Please attach a savings deposit slip or a clear copy of one if possible.*

\*Authorized Person: \_\_\_\_\_  
 (Print Name)

\*Signature (required): \_\_\_\_\_ \*Date: \_\_\_\_\_

\*\* Please allow 15 days for your request to be processed \*\*

**Submit the completed form to the Corporate Vendor Compliance department via postal mail, scan and email, or fax. If you have questions about this form, please call 651-355-6627.**

**Mailing Address:** CHS Inc.  
 Attn: Corporate Vendor Compliance  
 5500 Cenex Drive  
 Inver Grove Heights, MN 55077

**Email:** CorpVendorCompliance@chsinc.com  
**Fax:** 651-355-4635