



# Farmers Win



110 North Jefferson Ave  
PO Box 261  
Fredericksburg, IA 50630  
Phone: 563-237-5324  
Phone: 800-562-8389  
[www.farmerswin.com](http://www.farmerswin.com)

## AUTHORIZATION FOR EFT/ACH TRANSACTIONS FOR SALES OR SERVICES TO: FARMERS WIN COOPERATIVE

I (we) hereby authorize **FARMERS WIN COOPERATIVE** to initiate ACH debits (withdraw funds) from my (our) account described below.

I (we) agree to enclose with this agreement a voided check. This authority is to remain in full force and effect until **FARMERS WIN COOPERATIVE** and the financial institution receive written notice of the termination, and this shall be done in such a manner and time to allow proper action. **FARMERS WIN COOPERATIVE** also reserves the right to correct any incorrect debits or credits to the account listed below by making the appropriate debit or credit to the account.

This EFT/ACH transaction will occur on the 15<sup>th</sup> of the next month of purchase for the **FULL STATEMENT BALANCE**. If the withdrawal day falls on a weekend or national holiday, the transaction will take place on the next business day. Any adjustments done during the month will be reflected on the next statement and associated EFT/ACH payment.

\_\_\_\_\_  
CO-OP ACCOUNT NAME:

\_\_\_\_\_  
CO-OP ACCOUNT NUMBER:

\_\_\_\_\_  
E-MAIL ADDRESS:

### CHECKING ACCOUNT INFORMATION:

\_\_\_\_\_  
NAME EXACTLY AS IT APPEARS ON ACCOUNT:

\_\_\_\_\_  
TRANSIT ROUTING NUMBER: NINE-DIGIT NUMBER USUALLY LOCATED AT BOTTOM LEFT HAND CORNER OF CHECK

\_\_\_\_\_  
CHECKING ACCOUNT NUMBER:

\_\_\_\_\_  
FINANCIAL INSTITUTION'S NAME:

\_\_\_\_\_  
FINANCIAL INSTITUTION'S ADDRESS:

\_\_\_\_\_  
CITY:

\_\_\_\_\_  
STATE:

\_\_\_\_\_  
ZIP:

### PLEASE ATTACH A VOIDED CHECK

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
PHONE NUMBER:

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
PHONE NUMBER:

**RETURN TO: FARMERS WIN COOPERATIVE  
PO BOX 261  
FREDERICKSBURG, IA 50630**