



**Authorization Agreement for Preauthorized Payment**

Customer Name(s): \_\_\_\_\_ Customer Account # \_\_\_\_\_

Email Address: \_\_\_\_\_

I (we) hereby authorize Midwest Farmers Cooperative hereinafter called COMPANY, to initiate credit/deposit entries to my (our) [  ] checking, [  ] Savings account (select one) indicated below, hereinafter called CUSTOMER, to credit/deposit same to same such account.

Depository Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Transit/ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and CUSTOMER has written notification from me (us) of its termination in such time and in such a manner as to afford COMPANY and CUSTOMER a reasonable opportunity to act on it.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Please indicate any liens against the crops here:

[  ] None

[  ] Yes, please attach separate sheet listing lien holder(s) name, address and phone number.

Date: \_\_\_\_\_

\*\*\*A voided check must accompany this form in order for it to be complete. If a voided check is not available, then either a bank specification sheet or a letter on the bank's letterhead confirming the ABA and bank account number is required.