



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (DEBITS)

I authorize Quad County Corn Processors, hereinafter called COMPANY, to initiate withdrawals and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account at the financial institution named below for payment of my weekly bills.

I understand that three or more payments in a 12 month period resulting in overdraft of my account may result in termination of the Direct Payment plan. This authorization will remain in effect until COMPANY has received written notification from me of its termination in such time and manner as to afford the COMPANY and my financial institution a reasonable time to act on it.

FINANCIAL INSTITUTION: _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

ACCOUNT HOLDER NAME: _____

[] Checking [] Savings (select one)

Payments to begin _____ to be made on Friday of each week.

Signature _____ Date _____

Printed Name _____

Business Name _____

Business Address _____ City, State _____ Zip _____

Email address _____

Phone number _____ Cell phone number _____