

901 Redwood Ave Onida SD, 57564

Phone: (605)-945-6900

## **Request for ACH Authorization**

Distiller Purchase

scan to: accountspayable@			
	Cust	omer Inforn	nation
Customer Name:			
Authorized Signer:			Title:
Customer Address:			
City:		State:	Zip:
Phone:			
E-mail Address:			
Type of Request:	□New ACH		Change Existing ACH
		ank Informa	
Bank Name:			
Bank Address:			
Name on Bank Account:_			
Transit/ ABA (Routing) N	umber (9 digits):		
Account Number:		Ba	nk Phone Number:
Type of Account:	Checking 🗆	Savings	
For Authorized Signer on Bank Account			
Ring-neck Energy & Feed, LLC (the "Co or adjustments to correct any errors. billing period. This authorization will re Company. Such revocation shall not at	mpany") to debit or credit Custo Customer hereby agrees to noti emain in full force and effect unti ffect the authority herein given to Company any amounts owed to	mer's account for reg fy the Company of ar I the Customer cancel o correct any credit/d	ation action to bind the Customer to this agreement and hereby authorizes ular payments as indicated on an invoice and, if necessary, provide refunds by changes in Customer's account or termination prior to the subsequent set this authorization by providing thirty (30) days prior written notice to the ebit errors made prior to receipt of notice of revocation by Company. The are not paid through ACH as the result of revocation.
☐ Credit Application App	proved A	approved by:	_
☐ Bank Routing Confirm	ed [	Date:	