

AUTHORIZATION FOR AUTOMATIC DEPOSIT

I authorize Western Consolidated Cooperative to initiate entries to my checking account listed below. This authority will remain in effect until I notify you in writing to cancel it, allowing sufficient time the financial institution a reasonable opportunity to act on it.

Name of Financial Institution To Credit		
Bank Name:		
Location:		
Transit Routing #:		
Checking Account #:		
Authorized By: (Signature)		
Date:		
Print or Type Name:		
Company Name: (If Applicable)		-
Address:		
Phone Number:		
Sta	ple Voided Check Here	

PLEASE ALLOW 2-3 DAYS FOR DIRECT DEPOSIT TO HIT BANK ACCOUNT