



Authorization Agreement for Automatic Deposits & Withdrawals

Account Name: \_\_\_\_\_ Customer ID# \_\_\_\_\_

I (We) hereby authorize Viafield, hereinafter called COMPANY to initiate deposits or withdrawals and, if necessary, initiate any deposits or withdrawals for an error that may be made to my (our)

(select one) [ ] Checking [ ] Savings

account indicated below and the depository named below, hereinafter called DEPOSITORY, to deposit or withdraw the same to such account.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_
Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Please Print
Date: \_\_\_\_\_
Phone: \_\_\_\_\_
Email: \_\_\_\_\_

Check all that apply:
[ ] Grain Checks Direct Deposit
[ ] Accounts Payable
[ ] Accounts Receivable
[ ] Auto Pay (account automatically debited)
[ ] Web Pay (customer initiated withdrawal)
[ ] Paperless Statements

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_
Authorized signatures (joint accounts require signatures from all parties)

Please fill out this form and attach a personalized voided check or savings deposit slip and send to:

Viafield - Accounting Team
1001 Blunt Pkwy
Charles City, IA 50616

Viafield Team
Member \_\_\_\_\_