



DIRECT DEPOSIT AUTHORIZATION

New **Change**

Customer Number: _____

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

_____ ***Check mark if you would like your settlements emailed to you.***

I hereby authorize Legacy Farmers Cooperative, to initiate credit or debit entries to my account listed below.

Financial Institution Name Routing/ABA # Account Number

Checking Savings (Please mark one only)

***Please Note:** Grain must be sold by 3:30 PM for credit next day to your banking account. Legacy Farmers Cooperative does not guarantee next day availability of funds. Please verify with your Financial Institution for deposit availability.

The authority is to remain in full force until Legacy Farmers Cooperative has received written notification from me of its termination in such timely manner to afford Legacy Farmers Cooperative and the Financial Institution a reasonable opportunity to act on it

Signature: _____ Date: _____

Please attach to the bottom of this form a **voided check** (not a deposit slip). This must be in place in order for you to receive proper credit to your account.