Farmers Cooperative Elevator Company

Bank Authorization Form

I (we) hereby authorize FARMERS COOP, hereinafter called COMPANY, to complete debit entries initiated by me from my (our) [ ] Checking [ ] Savings account (**select one**) indicated below and the financial institution named below, hereinafter called DEPOSITORY, to debit the same from such account.

This authority is to remain in force and effect until COMPANY has received written notification

Name: _____

Bank Name:_____ Branch:_____ **Bank Routing #:**_____

Address:_____ City, State, Zip:_____ **Bank Account #:**_____

Name (Signature) _____ Date:_____

Name (Printed)_____

Return Form to:

P.O. Box 340 Cheney, KS 67025 • 316-542-3182