



BANK AUTHORIZATION FORM

Name: _____ Account No.: _____

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.

Bank Name	Branch	Transit/ABA No. (Bank Routing #)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City/State/Zip	Bank Account No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Name (Signature)	SS#
<input type="text"/>	<input type="text"/>
Name (Printed)	Date
<input type="text"/>	<input type="text"/>

Please mail back to:

Farmers Cooperative Elevator Company
P.O. Box 340
Cheney, KS 67025
1-316-542-3182