



Authorization for Automatic Deposit

I authorize Russell Grain, Inc to initiate entries to my account listed below. This authority will remain in effect until I notify you in writing to cancel it, allowing sufficient time for Russell Grain, Inc. to make the appropriate cancellations.

Date:

Authorized by:
(Print or Type Name)

Company Name:

Address:

Phone Number:

Signature:

Bank Name:

Location:

Transit Routing #:

Checking/Savings Account #:
(Please circle one)

Attach voided check here

Russell Grain, Inc.
101 S Downen St.
Industry, IL 61440
309-254-3330

CONFIDENTIAL