



AUTHORIZATION FOR AUTOMATIC TRANSACTIONS

I authorize Pride Ag Resources and the financial institution listed below to initiate entries to the account listed below. This authority will remain in effect until I notify Pride Ag Resources in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution before my account is affected. ACH Transactions returned for insufficient funds may be charged a fee.

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

Bank Address: _____

Bank Routing Number: _____

Bank Account Number: _____

Check ☐ Personal ☐ Business ☐ Personal ☐ Business
one: Checking Checking Savings Savings

Effective Date: _____

CUSTOMER OR VENDOR INFORMATION

Pride Ag Resources Account Number: _____

Name: _____

Address: _____

Phone Number: _____

By signing this agreement, you are authorizing Pride Ag Resources to either deposit or withdraw money to your account at YOUR request.

Authorized by (Signature): _____

Print or Type Name: _____

PLEASE ATTACH A VOIDED CHECK IN THIS AREA