



Direct Deposit Authorization

*I authorize **Wheatfield Grain Holding Company LLC** to send credit entries, as well as appropriate adjustments and debit entries, to my/our accounts as indicated below.*

Account #1

Account Type: _____ Checking _____ Savings

Institution Name: _____

Bank Routing #/ ABA #: _____ Account #: _____

Percentage to be deposited into this account: _____

Account #2

Account Type: _____ Checking _____ Savings

Institution Name: _____

Bank Routing #/ ABA #: _____ Account #: _____

Percentage to be deposited into this account: _____

Signature _____ Date _____

Printed Name _____

Please fill out form and send a copy of a voided check (for each account) to:

Wheatfield Grain Holding Company LLC
Attn: Jill Ritzma
147 E. Railroad St.
Wheatfield IN, 46392

Or email to: jritzma@wheatfieldgrain.com