



P. O. Box 190, 12389 Hwy 24 East, Davisboro, Ga., 31018 (478) 247-0377

AUTHORIZATION FOR ELECTRONIC PAYMENT TRANSACTIONS

As a customer of AGROWSTAR LLC, I hereby authorize AGROWSTAR LLC to initiate a CREDIT entry (*for grain payables customers*) or a debit entry (*for grain receivables customers*) to the bank account of:

(Please provide the name on the account with bank.)

AGROWSTAR LLC is also hereby authorized to initiate adjustments, if necessary, for any transactions credited or debited in error. This authorization will remain in effect until AGROWSTAR LLC is notified ***in writing*** by the account owner (or a legally authorized representative of the account owner) to cancel the authorization in such time as to afford AGROWSTAR LLC a reasonable opportunity to process a request.

NAME OF FINANCIAL INSTITUTION: _____

FINANCIAL INSTITUTION'S ROUTING/TRANSIT NUMBER: _____

ACCOUNT NUMBER for EFT TRANSACTIONS: _____

EMAIL ADDRESS FOR EFT NOTIFICATIONS: _____

AGROWSTAR ACCOUNT CODE: _____

PLEASE **PRINT** THE **NAME AND TITLE** OF PERSON SIGNING THIS FORM ON BEHALF OF THE ACCOUNT OWNER:

NAME: _____

TITLE: _____

SIGNATURE OF ACCOUNT OWNER OR LEGALLY AUTHORIZED REPRESENTATIVE

DATE: _____

PLEASE ATTACH EITHER A COPY OF A VOIDED CHECK OR A SIGNED LETTER FROM YOUR FINANCIAL INSTITUTION WHICH CONFIRMS BOTH THE BANK'S ROUTING NUMBER AND YOUR ACCOUNT NUMBER.