



110 North Jefferson Ave  
PO Box 261  
Fredericksburg, IA 50630  
Phone: 563-237-5324  
Phone: 800-562-8389  
[www.farmerswin.com](http://www.farmerswin.com)

## Email/Text Documents

\_\_\_\_\_  
Co-op Account Name:

\_\_\_\_\_  
Co-op Account Number:

\_\_\_\_\_  
Email Address:

\_\_\_\_\_  
Cell Phone Number:

\_\_\_\_\_  
Cell Phone Provider:

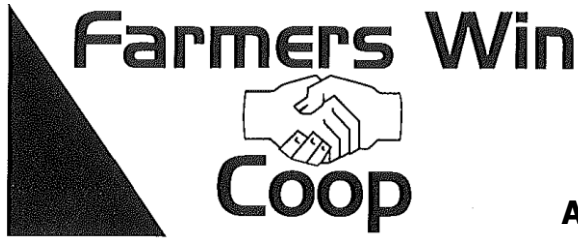
I would like to have the following documents emailed to me:

**\*\*In order to receive email documents you must have the ability to view/print/save PDF files.\*\***

1. \_\_\_\_\_ Account Receivable Invoices.
2. \_\_\_\_\_ Elevator delivered grain scale ticket information.  
*Please circle one.*      Email    Text    Both  
Text only available for grain scale ticket information
3. \_\_\_\_\_ Grain contracts. Docusign – use the provided email to electronically receive and sign grain contracts
4. \_\_\_\_\_ Grain settlements.

\_\_\_\_\_ I would like to have my grain checks to be direct deposit.  
*Please fill out a direct deposit form. (See page 2)*

Return to: Farmers Win Co-op  
PO Box 261  
Fredericksburg, IA 50630



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**Authorization Agreement for  
Automatic Deposits and Withdrawals**

I (we) hereby authorize **Farmers Win Cooperative** to initiate deposits or withdrawals and, if necessary, initiate any deposits or withdrawals for an error that may be made to my (our) account indicated below and the Financial Institution named below, to deposit or withdraw the same to such account. This authority is to remain in full force and effect until **Farmers Win Cooperative** has received a written notice of the termination, and this shall be done in such a manner as time to allow proper action.

I (we) agree to enclose with this agreement a voided check.

CO-OP ACCOUNT NAME:

CO-OP ACCOUNT NUMBER:

E-MAIL ADDRESS:

PHONE:

**Check all that apply:**

- ☐ **Grain Checks** – Direct Deposit
- ☐ **Accounts Receivable** – to be withdrawn on the 15<sup>th</sup> of each month/or next business day
- ☐ Full Statement Balance
- ☐ Budget Billing Payments – equal monthly amount \$ \_\_\_\_\_
- ☐ **Farmerdata** – Web payments

**CHECKING ACCOUNT INFORMATION:**

Name(s) exactly as it appears on account:

Transit Routing Number:

Checking Account Number:

Financial Institution's Name:

Phone:

Financial Institution's Address:

City:

State:

Zip:

**PLEASE ATTACH A VOIDED CHECK**

SIGNATURE:

DATE:

SIGNATURE:

DATE:

**RETURN TO: FARMERS WIN COOPERATIVE  
PO BOX 261  
FREDERICKSBURG, IA 50630**

FWC Employee: \_\_\_\_\_