DIRECT DEPOSIT AUTHORIZATION

Siouxland Energy Account Name :	

Email Address for Associating Payment Information :	

I (we) hereby authorize Siouxland Energy Cooperative, hereinafter called "Company", to initiate credit entries to my (our) account at the financial institution listed below.

(Financial Institution Name)_____

(Address)_____

(Account Name)_____

(Routing & Transit Number)_____ (Account Number) _____

(Account Type – Circle One) Checking Savings

This authority is to remain in full force and effect until "Company" has received written notification from the recipient of its termination in such a time and manner as to afford "Company" a reasonable time to act upon it.

(Recipient Signature)_____ (Date) _____

(Please attach a voided check or financial institution account verification letter to this form)

This form must be filled out in entirety and voided check must be copied or attached to qualify for Direct Deposit.