



Gold-Eagle Cooperative

Gold Eagle Cooperative

Electronic Banking Authorization Agreement

Account Name:		
Address:		
City:	State:	Zip:
Bank Name:		
Bank Address:		
Bank Routing Number:		
Bank Account Number:		
Bank Contact Person:		
Telephone Number:		

- I, _____, hereby authorizes Gold-Eagle Cooperative to initiate **ACH CREDIT AND/OR DEBIT** entries to the customer's checking account indicated above, and also authorizes the financial institution named above to **ACH CREDIT AND/OR DEBIT** such entries to the customer's account.

This authorization shall remain in effect until terminated upon 30 days written notice by either the company or Gold-Eagle Cooperative.

ACCOUNT AUTHORIZATION:

Authorized Signature: _____
Title: _____
Date: _____

1505 W. Broadway Street
P.O. Box 168
Eagle Grove, IA 50533
(515) 825-3161