Dunkerton Co-op

Tradition of Quality

Phone (319) 822-4291
Fax (319) 822-7700
WATS (800) 627-3528

P.O. Box 286
509 West Dunkerton Road
DUNKERTON, IOWA 50626

Authorization Agreement for Automatic Deposits/Withdrawals (ACH Credits)
Direct Deposit/Withdrawals Agreement

Name:_____ **Customer #:**_____

I (We) hereby authorize Dunkerton Cooperative, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our)

[__] Checking [__] Savings account (select one) indicated below and the Bank named below, hereinafter called BANK, to credit and/or debit the same to such account.

Bank Name:_____ Branch:_____

City:_____ State:_____

Transit/ABA/Routing #:_____ Account #:_____

This authority to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Name(s)_____ Check here for:
Please Print

_____Grain Direct Deposit

Date:_____ _____Account Electronic Payment

_____Both

Signed:_____ Signed:_____

Please fill out this form and attached a voided check or savings deposit slip and send to:

Dunkerton Cooperative
P.O. Box 286
Dunkerton, IA 50626