



PO BOX 155 • RIDGELAND WI 54763 • 715 949 1165
PO BOX 118 • ALMENA WI 54805 • 715 357 3650
PO BOX 70 • ELK MOUND WI 54739 • 715 879 5454

PREFERRED PAYMENT SELECTION

Customer Acct # _____

_____ PAID ON DELIVERY

I agree to pay for each delivery the day (or before) of delivery.
I understand there will be an additional trip charge if money is not available for the driver when they get there on their scheduled route day.

_____ AUTOMATIC BANK DRAFT

I would like my bank account charged automatically for any charges that are applied to my account.

Name of Bank _____

Bank Routing Number _____

Bank Account Number _____

Type of Account: Checking _____ Savings _____

Debits will be monthly unless otherwise indicated. Alternate withdrawal:

I hereby authorize Synergy Cooperative to initiate debit entries to my account as indicated above and the financial institution named above, hereinafter called Financial Institution, to debit the same to such account. This authority will remain in effect until I (or either of us) notify Synergy Cooperative in writing at least one week prior to the next settlement date. I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law.

_____ SYNERGY COOPERATIVE IN-HOUSE CONVENIENT CREDIT

I have completed a credit application and understand that my application must be approved for the in-house credit.

Synergy Cooperative will not refund any overdraft fees associated with ACH transactions. In the case of insufficient funds, there will be a \$35 fee per transaction. I will call Synergy Cooperative concerning billing disputes. Without an approved credit selection above, all deliveries must be paid for at or prior to the time of delivery.

Signature _____

Date _____

Signature _____

Date _____

Print Name(s) _____

Mailing Address: _____