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

ACH (Automatic Bank Draft) PAYMENT AGREEMENT

**Must have established credit or budget account

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 ☐ or Savings ☐ (Please attach a voided check)

I understand that my account will be paid in full weekly unless I specify payment of a particular dollar amount (as in the case of a budget account).

Set dollar amount: $_____ (monthly/ bi-monthly/ specific dates: _____)

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 will not refund any overdraft fees associated with ACH transactions. In the case of Insufficient Funds, there will be a $35.00 fee per transaction. I will call Synergy Cooperative concerning billing disputes. Without an approved credit selection above, all deliveries must be paid for at time of delivery.

Signature_____ Date: _____

Signature_____ Date: _____

Print Name(s): _____

Mailing Address: _____

City/State/Zip: _____

OFFICE USE ONLY
Customer Acct. # _____