EFT ACH AUTHORIZATION

_____ (Member/Patron) sells goods and or services to Tama Benton Cooperative. Tama Benton Cooperative desires the flexibility to make payments for such goods and/or services by electronic funds transfers through the automated Clearing House (ACH) system, and Member/Patron agrees to grant such flexibility, Therefore, (1) authorizes Tama Benton Cooperative to make payments for goods and services by ACH, (2) certifies that they have selected the following depository institution, and (3) directs that all such electronic funds transfers be made via the ACH CCD transaction format.

Bank Information

Bank Name_____
Bank Contact_____
Telephone Number _____
Address_____
City, State, Zip _____
ABA/Routing Number _____
Bank Account Number _____
Account Type (check one) Checking____ Savings____

Please submit a voided check or a deposit slip with this request.

Authorized Signature _____ Date _____