



## Ag Partners Cooperative, Inc.

P.O. Box 204 • Seneca, KS 66538

Phone: 785-336-6153

Toll Free: 877-336-6153

Fax #: 785-336-6256

### ACH PAYMENT AUTHORIZATION FORM

This process provided to you will be used for deposits only.

Check the following box to which account this applies to

Vendor

Grain

Freight

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Remittance Email: \_\_\_\_\_

#### **Bank Information:**

Bank Name: \_\_\_\_\_

Location/Address: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

To verify banking information, please attach a voided check or a letter from your financial institution.

\*Only one bank account can be on file per account at this time.

As the duly authorized agent for the Customer below, I hereby authorize, Ag Partners Cooperative, Inc. ("Co-op") and the financial institution listed below ("Bank") to initiate deposit entries to the Customer account listed below. This authority will remain in effect until the Customer notifies the Co-op in sufficient time as to afford a reasonable opportunity to act on it. Any deposit entry may be cancelled or stopped by notifying the Co-op before said account deposit is initiated. By adding and using ACH deposit, you are attesting that you are an authorized user of this Bank account.

Please allow the Co-op up to **2 business days** for processing time to make the ACH deposit with the Bank after the day from which the request is made.

**LIEN WAIVER and RELEASE: If there is a LIEN on any commodities by any entity on the Customer's account, this prohibits ACH deposit eligibility.** The individual signing this authorization is confirming that the Customer does **not** have any liens on any commodities. If a lien should be placed upon any commodities in the future, the Coop will be notified by the Customer and this authorization revoked.

Print or Type Name: \_\_\_\_\_

Authorized by (Signature): \_\_\_\_\_