



A copy of this form is required with every Agtegra Advantage/CHS Capital loan application

2025 Agtegra Advantage/
CHS Capital Advance Authorization Form

Account Name: _____ Account ID#: _____

NOTE THAT PARTICIPATION IN THIS PROGRAM AND QUALIFICATION FOR ANY PROMOTIONAL RATES OR OTHER TERMS ARE CONDITIONED UPON SATISFACTION OF ALL TERMS REQUIRED UNDER THE AGTEGRA ADVANTAGE/CHS-CAPITAL LOAN PROGRAM AND ON MEETING THE TERMS AND CONDITIONS OF ANY PROMOTIONAL OFFERS, CREDIT POLICIES OR OTHER PROMOTION DOCUMENTATION FROM TIME TO TIME IN EFFECT. IF THE APPLICANT DOES NOT MEET THE TERMS AND CONDITIONS OF THE AGTEGRA ADVANTAGE/CHS-CAPITAL LOAN PROGRAM THEN THE APPLICABLE RATES LISTED ABOVE WILL APPLY RETROACTIVELY. PLEASE CONTACT THE AGTEGRA CREDIT DEPARTMENT AT (605) 725-8390 WITH ANY QUESTIONS.

Section 1

Check one of the following:

I authorize Agtegra Cooperative to use my Agtegra Advantage/CHS Capital loan to pay all in-season invoices on my monthly Agtegra statements until all available funds have been used.

Do not use my Agtegra Advantage/CHS Capital loan to pay my in-season invoices. I will pay for those each month with an alternative method. Late payments will be subject to Agtegra credit policy.

Signature: _____ Print Name: _____

Title: _____ Date: _____

Sales Agronomist / Manager Initials: _____

Sales Agronomist / Manager Date: _____