



CUSTOMER AUTHORIZATION AND POWER-OF-ATTORNEY TO ACCESS AND USE AGTEGRA PORTAL

908 Lamont St S | Aberdeen, South Dakota 57401
1 - 888 - 429 - 4902 | www.agtegra.com

For Office Use Only

Location: _____

Date: _____

DESCRIPTION OF FORM

This form is for use by the Agtegra Cooperative (the "Cooperative") customer listed below (the "Customer") in appointing a natural person or other entity as the Customer's agent and attorney-in-fact ("Agent") with respect to access to, and complete and full use of, the Customer's account (the "Account") on the portal offered by the Cooperative (the "Portal") in all respects. The appointment of an Agent will not take effect until this form is properly notarized by Customer and received by Agtegra. Once effective, this appointment will be in effect until it has been revoked, in writing, by the Customer or upon the death or dissolution of the Customer, regardless of whether or not the Customer appoints one or more additional agents.

SECTION 1: CUSTOMER ACCOUNT INFORMATION

Account Number:	Last Name	First Name	Middle Initial
Entity Name (if applicable)		Title of Above-Named Individual (if applicable)	
Mailing Address	County	City	State Zip Code
Home Phone	Cell Phone	E-mail Address	

SECTION 2: AGENT INFORMATION

Last Name	First Name	Middle Initial
Entity Name (if applicable)		Title of Above-Named Individual (if applicable)
Mailing Address	City	State Zip Code
Home Phone	Cell Phone	E-mail Address

SECTION 3: CONSENT TO AUTHORITY OF AGENT

I, the undersigned, certify that as an owner of the Account, or as an authorized principal or officer for the Customer and Account listed above, that I authorize the Agent listed on this form to fully access all aspects of my Account on the Portal. **I understand that this access may allow the Agent to view, alter, and use Account information and/or transact business on the Account's behalf and at the Account's sole risk.** I also understand that Portal features and functionality may evolve over time. As the Portal is enhanced or changed, the Agent may be able to view additional information or perform more, fewer, or different actions than are available at the time this authorization is granted by me to the Agent. By signing this form, I acknowledge and accept that Portal capabilities may change without prior notice and that the Account will remain liable for all acts and omissions of the Agent with respect to its access to, and use of, the Portal. I also acknowledge that it is my responsibility to notify the Cooperative in writing if access should be changed or revoked by submitting a Customer Portal Account Access Revocation Form. I further agree to defend, indemnify, and hold the Cooperative harmless from and against any and all claims by or on behalf of the Agent and/or the Customer related to this authorization or Agent's use of the Portal.

SECTION 4: ACKNOWLEDGMENT AND CONSENT

I, THE UNDERSIGNED, REPRESENT THAT I HAVE READ THIS CUSTOMER AUTHORIZATION AND POWER-OF-ATTORNEY TO ACCESS AND USE AGTEGRA PORTAL FORM AND AGREE TO ABIDE BY AND BE BOUND BY ITS TERMS AND CONDITIONS AND THAT I HAVE THE RIGHT, POWER AND AUTHORITY TO SIGN THIS CUSTOMER AUTHORIZATION AND POWER-OF-ATTORNEY TO ACCESS AND USE AGTEGRA PORTAL FORM ON BEHALF OF THE ABOVE-NAMED CUSTOMER.

SIGNATURE OF PRINCIPAL OF CUSTOMER

Signature	Print Name	Title	Date
Address	City	State	Zip Phone: E-mail Address:

NOTARIZATION (REQUIRED INFORMATION)

Notary Public Signature	Print Name	Date
Address	City	State Zip Phone: E-mail Address:

The foregoing instrument was acknowledged before me this ___ day of _____, 20__ by _____
(Insert Name of Principal)

