



Locations: Carlton, Chapman, Council Grove, Dillon, Durham, Gypsum,
 Herington, Hope, Lincolnvillle, Navarre, Pearl, Tampa, White City, Woodbine
P.O. Box 157 * Hope KS 67451 * Phone: 785-366-7213 * Fax: 785-366-7211

**Authorization Agreement for
 Automated Clearing House Transactions
 (ACH)**

ACH Authorization

Patron Name: _____ Patron Account #: _____

Company Name: _____ Phone #: _____

I (we) hereby authorize Agri Trails Coop Inc., to initiate debit or credit entries **at my request to my** (our) _____ Checking _____ Savings Account (**select only one**) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Bank Information

Depository Name: _____ Branch: _____
 (If applicable)

City, State, ZIP: _____

Transit/ABA/Routing No: _____ Account #: _____

Telephone number: _____ Email _____

This authority is to remain in full force and effect until **Agri Trails Coop, Inc.** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **Agri Trails Coop, Inc.** and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____ SSN: _____

Please Print

Date _____

Signature(s)

By signing this agreement, you are authorizing **Agri Trails Coop, Inc.** to either debit or credit money from your account AT YOUR REQUEST. In the event that an item is returned, and payment has been made on account through an ACH payment (online payment), the amount of the item will be credited to your **Agri Trails Coop, Inc.** patron account.

TAPE VOIDED CHECK HERE

(Voided check not necessary, but recommended)