

Authorization Agreement For Automated Clearing House Transactions (ACH)

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ACH Auth	orization	on	
Patron Name:		Patron Account #:	
Company Name:		Phone #:	
E-Mail A	ddress:		
I (we) hereby authorize: Alliance Ag & Grain, LLC, to enable online bill pay and to initiate debit or credit entries at my request to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account. I wish to Pay my Bill by ACH Please Process my Grain Deposits by ACH			
Bank Info	rmation	n	
DEPOSITO NAME:	ORY	Branch: (if applicable)	
City, State, ZIP:			
Transit/ABA No: ("Routing #")		Account #:	
This authority is to remain in full force and effect until Alliance Ag & Grain, LLC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Alliance Ag & Grain, LLC and DEPOSITORY a reasonable opportunity to act on it. Name(s): Please print SSN: SSN:			
Signature(s) Date By signing this agreement, you are authorizing Alliance Ag & Grain, LLC 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 Alliance Ag & Grain, LLC patron account.			
	TAPE VOIDED CHECK HERE [Voided check not necessary, but recommended]		