



CENTRAL REGION COOPERATIVE

PO Box 429, Sleepy Eye, MN 56085

GRAIN CHECK ACH AUTHORIZATION FORM

Name: _____

CRC Acct# _____

Bank Information	
Bank Name:	
Name on Account:	
Bank Account #:	
Bank Routing #:	

Email address: _____
(to be used for emailing grain settlements)

Authorization Agreement: I hereby authorize **Central Region Cooperative** to deposit my grain check directly into the above mentioned account. This authority will remain in effect until I have given written notice that I am terminating this contract, or until **Central Region Cooperative** has notified me that this deposit service has been discontinued. I understand that I must give advanced notice to allow reasonable time for my instruction to be executed. If an incorrect deposit should be made into my bank account, I authorize my bank and **Central Region Cooperative** to make the appropriate adjustment(s).

Signature

Date

Please note: If you are on the CNS State Lienholder list, we are unable to process your grain payments via ACH unless CRC is provided signed documentation directly from the lienholder releasing CRC from including them on your checks.