



AUTHORIZATION FOR DIRECT PAYMENT

I authorize Central Farm Service and the financial institution named below to initiate entries to my checking/savings/operating loan account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying CFS at least five (5) business days before my account is charged.

CFS Acct # \_\_\_\_\_

Customer Name (please print) \_\_\_\_\_

Customer Address (City, State, Zip) \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_ Branch \_\_\_\_\_

Financial Institution Address (City, State, Zip) \_\_\_\_\_

Bank Account no. \_\_\_\_\_

\_\_\_ Checking \_\_\_ Savings \_\_\_ Operating Line

Financial Institution Routing #: \_\_\_\_\_

Amount due on:

- Regular monthly statements
- Agronomy monthly statement
- Energy/Feed/Grain monthly statement
- Monthly budget amount according to annual Home Heating Budget Program contract.

On the 20th of the month, I authorize Central Farm Service to initiate electronic entries to my checking/savings/operating line account and have agreed to the terms listed above. I may revoke my authorization with the company at any time by writing to CFS, PO Box 68, Truman, MN 56088 or 44125 Hwy 56 Blvd, Kenyon, MN 55946.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Staple voided check to form when sending in**  
Mail to: CFS, Attn: CFS Credit, PO Box 68, Truman, MN 56088 or 44125 Hwy 56 Blvd Kenyon, MN 55946

