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ACH Automatic Account Payment Authorization Form

You can save time and postage by scheduling your payment to be automatically deducted from your checking account each month. Enrollment is easy, secure and may be cancelled at any time. Just return this form via mail to the address above or drop off at any of our locations.

Here's how it works. Once enrolled, you will continue to receive your monthly statement to review the activity. There will be a notation on the statement that the balance will be paid via ACH. The payment will be automatically deducted from your bank account on the 15th of the month.

I _____ authorize Country Partners Cooperative to debit my
(full printed name)
bank account indicated below on the 15th of each month for the statement balance due.

Coop Account Information	Country Partners Cooperative Account Name	Country Partners Cooperative Account Number(s)
	Address	Phone
	City, State, Zip	Email (optional)
Bank Information	Financial Institution	Bank Account # Checking ___ Savings ___
	City, State, Zip	Routing/ABA #

(Voided check may be attached in lieu of providing bank information in above form)

Signature: _____ Date: _____

I understand that this authorization will remain in effect until I cancel it in writing and agree to notify Country Partners Cooperative of any changes in my account information or termination of this authorization at least 10 days prior to the next payment date. If the payment date of the 15th falls on a weekend or bank holiday, I understand that the payment may be executed on the next business day. In the case of an ACH debit being rejected for Non Sufficient Funds (NSF) I understand that Country Partners Cooperative may at its discretion attempt to process the charge again within 15 days and agree to an additional \$20 charge for each attempt. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.