



Country Visions Cooperative Electronic Funds Transfer Authorization

Please complete an	d return to:			
<u>Mail:</u>	Country Visions Cooperative 1010 W Ryan Street			
	Brillion, WI 54110			
or <u>Email:</u>	jjandrey@cvcoop.	<u>com</u>		
Customer Inf	formation:			
Customer Name			Customer Number City/State/Zip	
• Bank Informa	ation:			
Bank Name Phone Number				
Address City/State/Zip				
			ount #	
Type of Account:	Checking*	or	Savings	
	Electronic Fun	ds Transfei	r Authorization	
	• •	•	Cooperative to initiate	•
•	•	•	dit entries in error) to m	
			nic funds transfers wil	
	•		operative. This author	•
		-	y providing a 10-day	
depositing into a ch	ecking account, a voi	aea cneck	should be attached to	verify the setup.
Signature:				
Printed Name:				

^{*}Please attach a voided check