



FARMERS COOPERATIVE AUTOPAY

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

Recurring payments will make your life easier:

- It's convenient, saving you time and postage
- Your payment is always on time, even when you're out of time, eliminating late charges

Here's how recurring payments work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount on your monthly statement less any discounts. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ (full name printed) authorize Farmers Cooperative to charge my bank account indicated below each month for payment of my accounts receivable statement balance less any discounts.

Billing Address: _____ City, State, ZIP: _____

Phone Number: _____ Email Address: _____

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name on Account: _____	
Bank Name: _____	
Bank City/State: _____	
Bank Routing #: _____	<p>ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER</p>
Bank Account #: _____	

Signature Date

Please return completed form and voided check to Garette Long (Controller) at our Dorchester office
Mailing Address: 208 W. Depot Street | Dorchester, Nebraska

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Farmers Cooperative in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for non-sufficient funds (NSF), I understand that Farmers Cooperative may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$20 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring bill with my bank so long as the transactions correspond to the terms indicated in the authorization form.

Farmers Cooperative Use Only	Customer Account: _____
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