



GRAIN DIRECT DEPOSIT

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

Account Information:

Customer Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Authorization Agreement

I hereby authorize Farmers Cooperative and the financial institution listed below to initiate a credit to my account and/or a debit entry from this account in the event that a credit entry is made in error. Furthermore, I agree not to hold Farmers Cooperative responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution depositing funds into my account. This agreement will remain in effect until Farmers Cooperative receives a written notice from me or my financial institution, or until I submit a new Grain Direct Deposit form.

This authorization will apply to all of your grain checks **except for deferred payments**. Farmers Cooperative will make every effort to transfer funds the same day if producer notification is given prior to 1:30 pm. If notification is after 1:30 pm, the payment will be processed the next business day.

Customers who have liens on their grain will be unable to use direct deposit.

Financial Institution

Name of Financial Institution: _____

Address: _____

City: _____ State: _____ ZIP: _____

Routing #: _____ Account #: _____

**If you change financial institutions or accounts, please provide at least thirty (30) days written notice*

Customer Authorization:

Authorized Signature: _____ Date: _____

Email Address: _____

**Remittance detail will be sent to email listed*

Please return the completed enrollment form and voided check to:

Email: cweber@farmersco-operative.com

Mail: Farmers Cooperative; Attn: Cathy Weber
PO Box 263 | Dorchester, NE 68343

If you have any questions regarding this form, please feel free to contact us at 800-642-6439.

Farmers Cooperative Use Only

Customer Account: _____