



Credit Authorization

Single Account Multiple Accounts

I (we) hereby authorize (Farmers Bank & Trust), hereinafter called COMPANY, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Primary Account (Deposit Net Pay) **Type of Account:** **Checking** **Savings**

Financial Institution Name _____ Branch _____

Address _____ City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Secondary Account (Deposit \$0.00) **Type of Account:** **Checking** **Savings**

Financial Institution Name _____ Branch _____

Address _____ City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name

Signature

Print Individual ID Number

Date

PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM.
Return to Linda Cannon at the American Plains Co-op Main Office, 606 S. Main, Great Bend, KS 67530.