



# Debit Authorization

Single Account

Multiple Accounts

I (we) hereby authorize (Great Bend Coop Assn. DBA American Plains Co-op), hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit 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 (Debit Withdrawal)**

**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.