



Heritage Cooperative
59 Greif Pkwy.
Delaware OH 43015
GrainDept@HeritageCooperative.com
877.240.4393

DIRECT DEPOSIT AUTHORIZATION

Grain ACH

Please complete all applicable fields
so we may properly process your request.

PLEASE NOTE: all information is held in the strictest confidence.

PERSONAL INFORMATION

Account Name	Account No.		
First Name	Last Name		
Address			
City	State	County	ZIP
Phone	Mobile Phone		
Email	Federal Tax ID (EIN) <small>If applicable</small>		

I (we) hereby authorize Heritage Cooperative, Inc. or its agent, affiliate, owners, or subsidiaries to credit and also, if necessary, debit entries and adjustments for any entries in error to my (our) bank account indicated below and the financial institution, hereinafter called Depository, named below for Grain sold to Heritage Cooperative, Inc.

BANKING INFORMATION

Checking	Savings		
Bank Name			
Routing No.	Account No.		
Address			
City	State	County	ZIP
Name(s) on Account			

The authority will remain in effect until Heritage Cooperative, Inc. has received written notice from the customer of its termination in such time and in such manner to afford Heritage Cooperative, Inc. a reasonable opportunity to act on such notice. Customer assumes responsibility for any erroneous information provided in the authorization. Notice of termination in no way affects debit or credit transactions initiated prior to actual receipt of notice.

By enrolling in ACH payments, I (we) also agree to receive grain settlements electronically (paperless), unless I (we) specifically request to continue receiving printed settlement statements.

Check here to opt out of paperless settlements.

Authorized this	day of	Year
Print Name	Signature	
Co-applicant	Signature	

All joint accounts must be signed and dated by both parties. **If you select checking, a voided check must be attached with this form.** Once the form is received, it will take three business days for approval.