



PO Box 250  
Sully, Iowa 50251  
641-594-4115  
641-594-4114 (fax)

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## AUTHORIZATION FOR DIRECT DEPOSIT FOR SALES OR SERVICES TO: KEY COOPERATIVE

I (we) hereby authorize **KEY COOPERATIVE** to initiate ACH credits to the account described below. This agreement entails the sale of product or services to **KEY COOPERATIVE**. I (we) agree to enclose with this agreement a voided check. This authority is to remain in full force and effect until **KEY COOPERATIVE** and the financial institution receive written notice of the termination, and this shall be done in such a manner and time to allow proper action. **KEY COOPERATIVE** also reserves the right to correct any incorrect debits or credits to the account listed below by making the appropriate debit or credit to the account.

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CUSTOMER NAME

KEY COOPERATIVE ACCOUNT #

**DEFERRED GRAIN:**

ACH Deferred Grain Payment – I understand the funds will be made available the second business day.

**CHECKING ACCOUNT INFORMATION:**

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NAME EXACTLY AS IT APPEARS ON ACCOUNT

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CHECKING ACCOUNT NUMBER

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FINANCIAL INSTITUTION'S NAME

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FINANCIAL INSTITUTION'S ADDRESS

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CITY

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STATE

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ZIP CODE

**ATTACH A VOIDED CHECK AND PROVIDE THE FINANCIAL INSTITUTION'S ROUTING NUMBER:** \_\_\_\_\_  
(NINE DIGIT NUMBER USUALLY BETWEEN THESE SYMBOLS |:|: ON THE BOTTOM LEFT OF YOUR CHECK)

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SIGNATURE

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FULL NAME

---

DATE

---

PHONE NUMBER

---

SIGNATURE

---

FULL NAME

---

DATE

---

PHONE NUMBER

**RETURN TO: KEY COOPERATIVE  
CREDIT DEPARTMENT  
PO BOX 250  
SULLY, IA 50251**