



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

**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.

CUSTOMER NAME

KEY COOPERATIVE ACCOUNT #

DEFERRED GRAIN (CHOOSE ONE):

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

Check – I would like to have a check for my deferred grain payment.

CHECKING ACCOUNT INFORMATION:

NAME EXACTLY AS IT APPEARS ON ACCOUNT

CHECKING ACCOUNT NUMBER

FINANCIAL INSTITUTION'S NAME

FINANCIAL INSTITUTION'S ADDRESS

CITY

STATE

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)

SIGNATURE

FULL NAME

DATE

PHONE NUMBER

SIGNATURE

FULL NAME

DATE

PHONE NUMBER

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