



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

AUTHORIZATION TO HONOR DEBITS

CUSTOMER NAME: _____

COOP ACCOUNT #: _____

I (we) authorize KEY COOPERATIVE to initiate entries to debit (withdraw funds) from my (our) account described below. This authority is to remain in full effect and force until KEY COOPERATIVE and the financial institution has received written notification from me (us) of its termination in such time and manner as to afford KEY COOPERATIVE and the financial institution a reasonable opportunity to act on it.

I (we) also agree to attach a voided check along with this agreement if applicable. **This EFT/ACH transaction will occur on the 15th business day.** If the withdrawal day falls on a weekend or national holiday, the transaction will take place on the next business day. Any adjustments done during the month will be reflected on the next statement and associated EFT/ACH payment.

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.

EFT/ACH TRANSACTION DATE:

THE FULL STATEMENT BALANCE WILL WITHDRAW ON THE 15TH BUSINESS DAY.

CHECKING/SAVINGS ACCOUNT INFORMATION:

CHECKING/SAVINGS 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