

IN HOUSE USE ONLY

Date Entered: _____

Approved By: _____



PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize **Linn Cooperative Oil Company** to deduct payments electronically from your bank account. By signing this form, you give Linn Coop permission to debit your account for the amount submitted online, or by autopay, on or after the indicated date.

Payments will be processed this first business day after payment date. Autopay will be processed 1-2 days before or after payment date. Please allow 2-3 business days for processing and for the credit to show on your account.

Please complete the information below:

Name: _____

Auto Pay: Yes

Linn Coop Account Number: _____

No

Billing Address: _____

City, State, Zip: _____

Cell Phone Number: _____

Email: _____

Checking/ Savings Account

Checking Savings

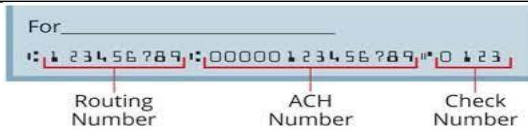
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

PLEASE ATTACH VOIDED CHECK IF MAILING FORM HERE:



Signature: _____ Date: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Linn Cooperative Oil Company in writing of any changes in my account information or termination of this authorization as soon as possible. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to by checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the date paid. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF) I understand that Linn Cooperative Oil Company may, at its discretion attempt to process the charge again within 30 days, and agree to an additional \$15 charge for each attempt returned NSF with will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transitions to my account must comply with the provisions of the U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Alburnett Branch
(319) 842-2222

Newhall Branch
(319) 531-7001

Springville Branch
(319) 854-6192

Central City Branch
(319) 438-2301