

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. Linn Coop does not have the right to automatically deduct any money from your account, you must first submit a payment on the Farmer Data website each month for the processing to take place.

By signing this form, you give Linn Coop permission to debit your account for the amount submitted online, on or after the indicated date.

Payments will be processed the first business day following the payment date. Please allow 2-3 days for processing and for the credit to show on your account.

Please complete the information below:

Name: _____

Coop Account Number: _____

Billing Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Checking/ Savings Account

Checking

Savings

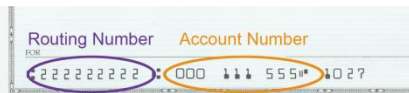
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

PLEASE ATTACH A VOID CHECK 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the date paid.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 which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of 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.