



**ACH Recurring Payment Authorization Form**

Midway Cooperative, Inc. offers Customers the option of making payments via electronic funds transfer from their checking or savings account. If you choose this payment option, you will receive email confirmation (if provided) when the electronic transfer from Midway Cooperative, Inc. to your bank account will take place. You will continue to receive your monthly statement.

**Please complete the information below:**

I, \_\_\_\_\_, authorize Midway Cooperative, Inc. to charge my bank account indicated below on the 20<sup>th</sup> day of the month for payment of my statement balance.

Midway Account # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Bank Information**

Account Type:  Checking  Savings

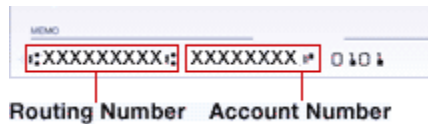
Name on Account \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City, State, Zip \_\_\_\_\_



**\*\*Please attach a voided check\*\***

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Midway Cooperative, Inc. in writing of any changes in my account information or termination of this authorization at least 14 days prior to deposit date. If the above noted deposit falls on a weekend or holiday, I understand that the deposit may be executed on the next business day. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF), I understand that an additional \$30 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 the U.S. law.

Please return completed original form to Midway Coop, PO Box 40, Osborne, KS 67473 or drop off at any Midway Coop location