



Direct Deposit Agreement Form

Office Use Only
Entered by:
Accounts:
Date:

Authorization Agreement

I hereby authorize Midway Co-op, Inc. to initiate automatic deposits to my account at the financial institution named below. I also authorize Midway Co-op, Inc. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Midway Co-op, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Midway Co-op, Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Midway Co-op, Inc.

Account Information

Financial Institution: _____

Address: _____

City, State Zip Code: _____

Routing Number: _____

Account Number: _____

Checking Savings

Midway Account Name: _____

Authorized Signature (Primary): _____

Print Name: _____

Date: _____

Midway Account ID Number(s):
Example: 100000 _____

Email address: _____

Please attach a voided check or deposit slip and return this form to:
Midway Co-op, Inc.
P.O. Box 40
Osborne, KS 67473-0040

Scan this QR code to login to your online Midway account or <https://customers.midwaycoop.com>

