

The following information is given for the purpose of obtaining credit from: SUNRISE COOPERATIVE: 2025 W. STATE ST., P.O. BOX 870, FREMONT, OH 43420 419-332-6468 • Toll Free: 1-800-321-5468 • Fax: 419-355-8743 creditall@sunriseco-op.com

ACCOUNTS RECEIVABLE/BUDGET

Authorization Agreement for Direct Deposits (ACH Debits)

PLEASE PRINT • This information will be treated in a confidential manner.

COMPANY NAME: Sunrise Cooperative Inc.

COMPANY IDENTIFICATION NUMBER: 34-1635886

I(we) hereby authorize Sunrise Cooperative, Inc hereinafter called company, to initiate debit entries to my(our) checking account indicated below at the depository financial institution named below, hereinafter called depository, and to debit the same to such account, or offsetting entries for the purpose of correction entries.

CHECKING ACCOUNT:

Depository (Bank) Name		
Address	City	
State	Zip	
Routing Number	Account Numl	ber
Name(s) on the Account		
Sunrise Customer Account Number	OPFRA	TIVE
Signature	ccess grows	Date
Signature		Date
All joint accounts must be signed ar Your account balance will be <i>drafte</i>		pided check must be attached to this form. om your bank account.
Please choose the account option y	ou want Sunrise to ACH by <u>se</u>	lecting one of the following:
☐ Regular Account	☐ Budget Account	☐ Regular/Budget Account
	ATTACH CHECK HERE	-

ACH Withdrawal Options:

Budget Account: Automatic withdrawal of your budget amount only. Any amount due on your regular account is not withdrawn and must be paid separately. Select this option if you do not want any balance due in May automatically withdrawn.

Regular/Budget Account: All eleven monthly budget payments will be automatically withdrawn. In addition, any amount due in May when we balance your account will also be automatically withdrawn. Select this option if you want any balance due on your regular and budget account automatically withdrawn.