

## AUTHORIZATION AGREEMENT FOR GRAIN ACH PAYMENTS

**ACH Credits** • 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 credit entries to my (our) checking account indicated below at the depository financial institution named below, hereinafter called depository.

**ACH PAYMENT ACCOUNT:** Input information for your authorized ACH payment account.

Depository (Bank) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account:  Checking  Savings

### CUSTOMER INFORMATION:

Name(s) on the Account: \_\_\_\_\_

Sunrise Customer Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Email Settlement Sheets:  Yes  No

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

ATTACH CHECK HERE

- All joint accounts must be signed by both parties.
- Once received, approval will take three business days.
- **A voided check or savings account verification must be attached to this form.**