

SUNRISE COOPERATIVE: 2025 W. STATE ST., P.O. BOX 870, FREMONT, OH 43420 419-334-5261 • Toll Free: 1-800-321-5468 • Fax: 419-334-5409

grainpayment@sunriseco-op.com

GRAIN PAYMENT REQUEST FORM FACT SHEET

Use the following information to complete the grain payment request form.

- **1. Grain Solutions Advisor:** this field sends a copy of the form submission to your GSA and Grain Payment.
- **2. Receive an email receipt of this submission:** select yes to reveal an email field.
- **3. Email:** this field sends a copy of the form submission to the email submitted.
- **4. Recurring Auto-Pay:** Auto-Payment of all grain delivered, excluding unsold Delayed Price (DP), Condo and Deferred/Hold Settlements. This selection will remain in effect until a new Grain Payment request form has been submitted.
- 5. Recurring Auto-Pay on Full Contract:

Auto-Payment of all Full/Filled grain contracts. This selection will remain in effect until a new Grain Payment request form has been submitted.

6. Pay All Grain excluding DP, Condo, Deferred:

A one-time payment for all eligible sold grain. This selection is for those who had not previously selected one of the Auto-Pay options noted above. A new payment request form will need to be completed for any future grain payments.

- 7. Specific Payment Request: A one-time payment for customers who wish to be paid for specific item(s). This selection is for those who had not previously selected one of the Auto-Pay options noted above. Payments can be requested for specific Contract, Scale Ticket, Bushel or Payment Amount. A new payment request form will need to be completed for any future grain payments.
- 8. Crop: select the crop to be paid.
- **9. Payment Request:** select the Contract Number, Scale Ticket Number, Bushels, or Specific \$ Amount for payment.
- **10. Payment Details:** enter the Contract Number, Scale Ticket Number, Bushels, or Specific \$ Amount for payment.
- **11. Request Another Payment:** select yes to complete another Specific Payment Request.
- **12. Comments:** please include any additional comment or instructions for the grain accounting department.

ιι.							
	Grain Solutions Advis	or:		Date: *			
1.	Please Select		~	MM-DD-Y	YYY		
				Date			
	Customer Name: *			Account #:	*		
	Phone Number:	2.	Receive an of this subm	email receipt nission?	Email:	*)
	(000) 000-0000		Yes		3.		
	Please enter a valid phone number.		O No				
	Payment Options:						
4.	Recurring Auto-Pay (until otherwise notified)						
5.	Recurring Auto-Pay on Full Contract (until otherwise notified)						
6.	Pay All Grain excluding DP, Condo, Deferred (one time payment)						
7.	Specific Payment Request (one time payment)						
			t (one time pa	yment)			
	Crop: *		Payment Re		Paymer	nt Details: *	
8.	Crop: * Please Select	· 9.	Payment Re	quest: *	Paymer	nt Details: *	
5			Payment Re	quest: *	10.	nt Details: * Contract, Ticket Number, s Amount here.	
s ic	Please Select	· 9.	Payment Re	quest: *	10.	Contract, Ticket Number,	
s ic	Please Select Request Another Payl	· 9.	Payment Re	quest: *	10.	Contract, Ticket Number,	
s ic	Please Select	· 9.	Payment Re	quest: *	10.	Contract, Ticket Number,	
s ic	Please Select Request Another Payl Yes	· 9.	Payment Re	quest: *	10.	Contract, Ticket Number,	
s ic 11.	Please Select Request Another Payl Yes	· 9.	Payment Re	quest: *	10.	Contract, Ticket Number,	
s ic 11.	Please Select Request Another Payl Yes No	· 9.	Payment Re	quest: *	10.	Contract, Ticket Number,	
s ic 11.	Please Select Request Another Payl Yes No Comments:	· 9.	Payment Re	quest: *	10.	Contract, Ticket Number,	
s ic 11.	Please Select Request Another Payl Yes No Comments:	· 9.	Payment Re	quest: *	10.	Contract, Ticket Number,	
s ic 11.	Please Select Request Another Payl Yes No Comments:	· 9.	Payment Re	quest: *	10.	Contract, Ticket Number,	
s ic 11.	Please Select Request Another Payl Yes No Comments:	· 9.	Payment Re	quest: *	10.	Contract, Ticket Number,	
11.	Please Select Request Another Payl Yes No Comments:	· 9.	Payment Re	quest: *	10.	Contract, Ticket Number,	
s ic 11.	Please Select Request Another Payl Yes No Comments:	y 9.	Payment Re	quest: *	List your of Bushels of	Contract, Ticket Number,	