

Producer AG

AUTOMATED CLEARINGHOUSE (ACH) CUSTOMER PAYMENT PROGRAM AUTHORIZATION FORM

I hereby authorize CoBank to automatically deposit payments for grain proceeds from Producer Ag LLC to the account and financial institution identified below. I acknowledge this authority will remain in effect until Producer Ag receives written notice to cancel it.

Customer Information:			
_____		_____	
Customer Number (Not Necessary)		Customer Name	
_____		_____	_____
Address		City	ST Zip
() _____	_____		
Telephone Number	9a UJ 5XXfYgg		

Financial Institution Information:			
_____		_____	
Financial Institution		Transit Routing (ABA) Number	
_____		Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Account #		(Check one):	
_____		_____	_____
Financial Institution Address		City	ST Zip
() _____	_____		
Telephone Number			

REQUIRED - Attach a copy of a **VOIDED CHECK** or a **LETTER FROM YOUR BANK** on their letterhead containing **ROUTING NUMBER** and **ACCOUNT NUMBER** for the account you wish to use.

By entering into this ACH authorization agreement, I hereby acknowledge that as a member of MKC, payments for grain with the exception of defer pay or delayed pricing contracts constitute a per-unit retain allocation paid in money.

Authorization: (MUST BE SIGNED IN ORDER TO PROCESS)	
_____	_____
Customer Signature	Print Name

Date	

Return form to:
 Producer Ag LLC
 ATTN: ACH Department
 P.O. Box 380
 Moundridge, KS 67107
 620-345-3560