

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	Customer Name		
_____	_____	_____	_____
Address	City	ST	Zip
() _____			
Telephone Number			

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			

Attach a copy of a voided check

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:	
_____	_____
Customer Signature	Print Name

Date	

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