



Attn: Credit Department

United Cooperative Electronic Funds Transfer Authorization

PLEASE COMPLETE & RETURN TO: United Cooperative
N7160 Raceway Rd. Beaver Dam, WI 53916
Ph: 920-887-1756 Fax: 920-887-1993

CUSTOMER INFORMATION

Customer Name _____ Patron No. _____
Address _____ City/State/ Zip _____
Phone Number _____ E-mail _____

BANK INFORMATION

Bank Name _____ Phone No. _____
Address _____ City/State/Zip _____
ABA Routing No. _____ Account No. _____
Type of Account: Checking Savings
(circle one)

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

By signing below I (we) authorize United Cooperative to initiate electronic debit entries (and if necessary, credit entries and adjustments for any debit entries in error) to my (our) account at the financial institution ("Bank") listed above. I (we) direct the Bank above to honor the debit entries initiated by United Cooperative and debit such amount. Such electronic funds transfers will be scheduled **10 days after product is delivered**. This authority is to remain in full force and effect until my account with United Cooperative is paid in full. United Cooperative is not responsible for overdraft or other service fees charged by my financial institution in the event that my designated account has insufficient funds available on the date of the scheduled withdrawal. In addition, I (we) understand that I (we) may be charged a fee by United Cooperative due to insufficient funds in my (our) account. I (we) understand that a voided check must accompany this form in order for it to be processed and have attached a voided check hereto. I (we) acknowledge receipt of a copy of this authorization agreement.

Signature: _____ **Date:** _____

Printed Name: _____

PLEASE ATTACH VOIDED CHECK HERE