



Cooperative Elevator Co. provides Automated Clearing House (ACH) electronic fund transfers to/from bank accounts. To participate in this service, please follow the instructions below.

1. COMPLETE THIS FORM. BE SURE TO INCLUDE YOUR SIGNATURE(S), AND DATE. PLEASE PRINT CLEARLY. (AN INCOMPLETE FORM CANNOT BE PROCESSED)
2. **IMPORTANT:** IF YOU CHOOSE TO USE A **CHECKING** ACCOUNT, PLEASE ATTACH A **VOIDED CHECK**. IF YOU CHOOSE TO USE A **SAVINGS** ACCOUNT, PLEASE **CONTACT YOUR FINANCIAL INSTITUTION** FOR PROPER ROUTING AND ACCOUNT NUMBERS.
3. IF THE SELECTED ACCOUNT IS IN A NAME OTHER THAN YOURS, OR IS A JOINT ACCOUNT, YOU MUST INCLUDE THE NAME OF THE OTHER PART AND THEIR SIGNATURE.
4. VERIFY THE ACCOUNT AND ABA/ROUTING NUMBER WITH YOUR BANK.
5. SEND THE COMPLETED FORM TO COOPERATIVE ELEVATOR CO.

Personal/Business Information

_____	_____	_____
Last Name	First Name	Last 4 digits of Social Security Number
_____		_____
Account/Business Name		Coop Account Number

Transaction Information

Deposit To: NOTE: Deposits include: Marketing Checks, Patronage Dividend Checks, and Coop Account Payables to Vendors		
_____	_____	_____
Checking	Savings	Account Number
_____	_____	_____
ABA/Routing Number	Financial Institution	Phone Number
Email Account for Notification of ACH: _____		
Withdraw from: NOTE: Withdrawal transactions include: Auto withdrawals to pay your Coop Account		
_____	_____	_____
Checking	Savings	Account Number
_____	_____	_____
ABA/Routing Number	Financial Institution	Phone Number

Terms and Conditions

This authorization is to remain in effect until Cooperative Elevator Co. has received notification from me (or joint owner) in writing of its termination. I understand Cooperative Elevator Co. reserves the right, with notification to the account holder, to discontinue this service at any time. If necessary, I authorize Cooperative Elevator Company to make debit or adjustment entries for credits made in error. If transaction date falls on a holiday or weekend, funds will be posted the next available business day. This form shall supersede all other authorization forms you may have on file.

Signature

I (we) authorize Cooperative Elevator Company to originate the ACH transactions selected above.

_____	_____	_____
Signature	Today's Date	Daytime Phone Number

To be completed by Cooperative Elevator Co.	Processed By: _____
Customer Account # _____ Pre not to bank by: _____ Date: _____	Called By: _____