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 **SAVING**S 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 PARTY 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 note to bank by: _____ Date: _____ Called By: _____ _____