



ELECTRONIC FUNDS TRANSFER (ACH)  
AUTHORIZATION AGREEMENT

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Prairie Land Cooperative Account Number(s) \_\_\_\_\_

I (we) hereby authorize Prairie Land Coop or its agent, affiliate, owners, or subsidiaries, to initiate a debit entry on the 15<sup>th</sup> of the month (or in the case of weekends or holidays on the next business day following) to my (our) bank account indicated below and the bank named below:

Depository Name (Bank) \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ABA No \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Telephone \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

The total amount of bill from prior month will be deducted from your account unless other arrangements have been made with management.

The authority will remain in effect until COMPANY and DEPOSITORY have received written notice from me (or either of us) of its termination in such time and in such manner to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Customer assumes responsibility for any erroneous information provided in the authorization. Notice of termination in no way affects debit or credit transactions initiated prior to actual receipt of notice. Further, I understand that COMPANY may, at their discretion, void this agreement if sufficient funds are not available in my account to pay debit and that my account will be charged for any and all bank charges incurred including an additional \$20.00 service fee.

AUTHORIZED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, YEAR \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ CO-APPLICANT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

TITLE (if applicable) \_\_\_\_\_

A voided check **must** be attached and returned to any location or mail to: Prairie Land Coop, ATTN: R. Dubberke, P.O. Box 309, Hubbard, IA 50122-0309.

Allow 2-3 weeks for processing.