Attn: Grain Dept.

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
E-Mail: grainsettlements@unitedcooperative.com

CUSTOMER INFORMATION

Customer Name _____ **Patron No.** _____

Address _____ **City/State/ Zip** _____

Phone Number _____ **E-mail Address** _____

Send Grain Settlement By Email YES ____ NO ____

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 credit entries (and if necessary, debit entries and adjustments for any credit entries in error) to my (our) account at the financial institution ("Bank") listed above. I (we) direct the Bank above to honor the credit entries initiated by United Cooperative. Such electronic funds transfers will be scheduled for grain settlements processed through United Cooperative. This authority is to remain in full force and effect until I request differently by providing at least a 30 day written notice. 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 due to electronic processing availability on the date of a scheduled transfer. 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