Debit Authorization

AUTHORIZATION FORM FOR DIRECT PAYMENT ACH DEBITS

Company Name: **AGRILAND FS, Inc.**

I (we) hereby authorize AGRILAND FS, Inc., to initiate debit entries for Direct Payment to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

AGRILAND FS, Inc., may debit my account for amounts becoming due by me on a monthly basis. You can elect to have your ACH advance debited from your account on either the 15th of the month or according to the due date on my account. If no election is made the balance will be debited according to the statement due date.

Please note, accounts with insufficient funds will be charged a fee of $30.00.

Financial Institution Name:	Type of Account (check one below):
Address:	☐ Checking
City: State:	☐ Savings
Zip:	

Account Name:
Routing Number:
Account Number:
Phone Number:
Select one: ☐ Draw funds on the 15th ☐ Draw funds on the Due Date (25th)

This authority is to remain in full force and effect until AGRILAND FS, Inc. has received written notification from me (or either of us) of its termination in such time and manner as to afford AGRILAND FS, Inc. and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name:								
AGRILAND FS Patron Number:								
Signature:								Date:

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM!