AGRILAND FS AUTOMATED CLEARINGHOUSE (ACH) GRAIN PAYMENT AUTHORIZATION FORM

I authorize AGRILAND FS and the referenced financial institution to automatically deposit payments due me from AGRILAND FS to the bank account identified below. This authority will remain in effect until AGRILAND FS receives written notice to cancel it.

Vendor Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number w/ Area Code: _____

Financial Institution: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Bank Account Number: _____

Type of Account: ☐ Checking ☐ Savings

Transit Routing (ABA) Number: _____

Email for payment notification: _____

Authorization Signature: _____

Date: _____

Please return form and either a voided check or bank account confirmation on bank letterhead. Also add joint payments with lien holders issued by physical check only.