

# FARM SERVICE COOPERATIVE

GENERAL OFFICE P.O. BOX 429 HARLAN, IA 51537  
(712) 755-3185 • Customer Watts (800) 452-4FSC • Fax (712) 755-7098

## AUTHORIZATION AGREEMENT AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize FARM SERVICE COOPERATIVE  
hereinafter called COMPANY, to initiate credit entries and to  
initiate, if necessary, debit entries and adjustments for any  
credit entries in error to my account indicated below and the  
financial institution named below, hereinafter called FINANCIAL  
INSTITUTION, to credit and/or debit the same to such account.

\_\_\_\_\_  
(Financial institution name) (Branch)  
\_\_\_\_\_  
(Address) (City/State) (Zip)  
\_\_\_\_\_  
(Routing Number) (Account Number)

Type of Account: \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS

Amount of check to direct deposit: \_\_\_\_\_ ALL \_\_\_\_\_ AMOUNT  
(Only enter an amount if you want a set amount each payroll  
to be deposited to your checking or savings account.) If you  
want your entire net check direct deposited, then check ALL.

This authority is to remain in full force and effect until  
the Company has received written notification from me of its  
termination in such time and manner as to afford the Company  
and Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Print name  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

Please attach copy of voided check to this form so account  
number and bank routing number can be verified.

PAYDIRCT.1/TXTMLH



Providing Quality Supplies, Services and Marketing at a Competitive Price  
for the Economic Benefits of Its Members and Their Co-operative.

