



Knowledge • Commitment • Success

Customer ACH Payment Enrollment Form

This form is used for Automated Clearing House (ACH) payments to provide payment related information to your financial institution. You must check with your financial institution to confirm that funds have been deposited.

Authorization Agreement

I hereby authorize Farmer's Co-Operative to initiate ACH payments to my account at the financial institution listed below. I also authorize Farmer's Co-Operative to make withdrawals from this account in the event that a credit entry is made in error. Furthermore, I agree not to hold Farmer's Co-Operative responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution depositing funds into my account. This agreement will remain in effect until Farmer's Co-Operative receives a written notice from me or my financial institution, or until I submit a new Customer ACH Payment form.

Account Information

Customer Name: _____ Customer No: _____

Address: _____

Name of Financial Institution: _____

City: _____ State: _____

Routing #: _____

Account #: _____ Checking ____ Savings ____

*If you change banks or accounts please provide at least thirty (30) days written notice.

Email: _____

*Remittance detail will be sent to email listed

Phone #: _____

Authorized Signature(s): _____ Date: ____/____/____

Please return the completed ACH Enrollment Form by fax: 308-487-5617, email: Scott.Sterkel@farmcoop.com or mail:

Farmer's Coop
Attn: Grain Dept
PO Box 155
Hemingford, NE 69348

If you have any questions regarding ACH payments, please feel free to contact us at 308-487-3325.