



Locations: Carlton, Chapman, Council Grove, Dillon, Durham, Gypsum,  
 Herington, Hope, Lincolnville, Navarre, Pearl, Tampa, White City, Woodbine  
**P.O. Box 157 \* Hope KS 67451 \* Phone: 785-366-7213 \* Fax: 785-366-7211**

**Authorization Agreement for  
 Automated Clearing House Transactions (ACH)**

**ACH Authorization**

Patron Name: \_\_\_\_\_ Patron Account #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Account (**select only one**) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account. Please fill out all of the information.

**I (we) hereby authorize Agri Trails Coop Inc., to initiate credit entries at my request into my/our:**

\_\_\_\_\_ Checking Account      or      \_\_\_\_\_ Savings Account

**Bank Information**

Depository Name: \_\_\_\_\_ Branch (If applicable): \_\_\_\_\_

Street/P.O. Box #: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Transit/ABA No: \_\_\_\_\_ Your Account #: \_\_\_\_\_  
 (Routing #)

Telephone Number: \_\_\_\_\_

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

Name(s): \_\_\_\_\_

Please Print

Date \_\_\_\_\_

Signature(s)

**TAPE VOIDED CHECK HERE**  
 (Voided check not necessary, but recommended)