



ACH AUTHORIZATION FORM

Countryside Cooperative is pleased to offer our customers the ability to schedule their ACH payments on our customer portal. This option allows the customer to choose specific invoices or a specific amount to pay as well as schedule the payment date.

Please complete the form below and return to Countryside Cooperative. If you have questions regarding this option, please contact Dayna at (715) 672-8947, ext. 1109.

Please print legibly:

NAME: _____ COUNTRYSIDE COOP ACCT.# _____

2ND NAME ON ACCT (if applicable): _____

PHONE #: _____ EMAIL ADDRESS: _____

FINANCIAL INSTITUTION NAME: _____

ROUTING #: _____ CHECKING/SAVINGS ACCT #: _____

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Date: _____ Signature: _____

Date: _____ Signature: _____
(second signature if applicable)

Please return completed form:

- **Via e-mail:** dspindler@countrysidecoop.com
- **Via U.S. Mail:** Countryside Cooperative
Attn. Dayna Spindler
514 East Main Street, PO BOX 250
Durand, WI 54736