



AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS COUNTRYSIDE COOPERATIVE

Countryside Cooperative is happy to provide this service and will automatically debit your bank account for the amount of your bill on the twenty-third (23rd) of each month. If that date falls on a Saturday, Sunday, or on a bank holiday the transfer will occur the preceding business day. Countryside Cooperative will make every attempt to complete this transfer unless circumstances beyond our control prevent that occurrence. All terms and conditions of your account agreement remain applicable. **You will still receive your monthly statement each month but there will be no further need to mail or write us a check.**

I (we) hereby authorize Countryside Cooperative to initiate debit entries to my (our) account(s) as indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account. This authority will remain in effect until I (or either of us) notify Countryside Cooperative in writing at least one week prior to the next settlement date. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Payment of your monthly bill through automatic bank collect (ACH) is simple and easy to use. To sign up for this convenient method of bill paying, simply complete and sign this form and return to Countryside Cooperative, P.O. Box 250, Durand, WI 54736, along with a voided check or savings withdrawal slip from your account.

START DATE: _____

NAME: _____ COUNTRYSIDE COOP ACCT.# _____

2ND NAME ON ACCT (if applicable): _____

PHONE: _____ EMAIL: _____

FINANCIAL INSTITUTION NAME: _____

ROUTING NO.: _____ CHECKING ACCT NO.: _____

I authorize you to pay and to charge my checking or savings account via ACH for the amount of my monthly bill and to make that deduction payable to the order of Countryside Cooperative. In making this authorization, I agree to all of the terms of the paragraph below.

Date: _____ Signature: _____

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

I hereby authorize Countryside Cooperative of Durand, WI to pay my monthly bill by charging each payment via ACH to my account. I agree that each payment shall be the same as if it were an instrument personally signed by me in writing. In addition, I have the right to stop payment on these charges by notifying Countryside Cooperative a minimum of one week prior to the charging my account. I understand, however, that the Financial Institution and Countryside Cooperative each reserve the right to terminate this payment plan (or my participation therein). Also, I agree that I remain obligated to pay my monthly bill in the event that a charge to my account is dishonored, for whatever reason, and Countryside Cooperative retains its normal collection rights.