

FRONTIER

COOPERATIVE

Authorization Agreement for Preauthorized Payment

Customer Name(s): _____ Customer Account # _____

Email Address: _____

I (we) hereby authorize Frontier Cooperative hereinafter called COMPANY, to initiate credit/deposit entries to my (our) [] checking, [] Savings account (select one) indicated below, hereinafter called CUSTOMER, to credit/deposit same to same such account.

Depository Name: _____

Branch: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Transit/ABA Number: _____

Account Number: _____

This authority is to remain in full force and effect until COMPANY and CUSTOMER has written notification from me (us) of its termination in such time and in such a manner as to afford COMPANY and CUSTOMER a reasonable opportunity to act on it.

Name: _____ Signature: _____

Name: _____ Signature: _____

Please indicate any liens against the crops here:

[] None

[] Yes, please attach separate sheet listing lien holder(s) name, address and phone number.

Date: _____

***A voided check must accompany this form in order for it to be complete. If a voided check is not available, then either a bank specification sheet or a letter on the bank's letterhead confirming the ABA and bank account number is required.