



Attn: Credit Department

**United Cooperative Electronic Funds Transfer Authorization**

PLEASE COMPLETE & RETURN TO: United Cooperative  
N7160 Raceway Rd. Beaver Dam, WI 53916  
Ph: 920-887-1756 Fax: 920-887-1993

**CUSTOMER INFORMATION**

**Patron United  
Cooperative  
Account No.**

**Customer Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_

\_\_\_\_\_ **City/State/ Zip** \_\_\_\_\_  
\_\_\_\_\_ **E-mail** \_\_\_\_\_

**BANK INFORMATION**

**Bank Name** \_\_\_\_\_ **Phone No.** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_  
**ABA Routing No.** \_\_\_\_\_ **Account No.** \_\_\_\_\_  
**Type of Account:**    Checking    Savings

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

By signing below I (we) authorize United Cooperative to initiate electronic debit entries (and if necessary, credit entries and adjustments for any debit entries in error) to my (our) account at the financial institution ("Bank") listed above. I (we) direct the Bank above to honor the debit entries initiated by United Cooperative and debit such amount. Such electronic funds transfers will be scheduled on the **10<sup>th</sup> or 26<sup>th</sup> of each month**. This authority is to remain in full force and effect until my account with United Cooperative is paid in full. United Cooperative is not responsible for overdraft or other service fees charged by my financial institution, in the event that my designated account has insufficient funds available on the date of the scheduled withdrawal. In addition, I (we) understand that I (we) may be charged a fee by United Cooperative due to insufficient funds in my (our) account. I (we) understand that a void check must accompany this form for it to be processed and have attached a void check hereto. I (we) acknowledge receipt of a copy of this authorization agreement.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

PLEASE ATTACH VOID CHECK HERE