



ACH WITHDRAWAL TRANSACTION AUTHORIZATION FORM

I hereby authorize All American Co-op to automatically debit my bank account indicated below for payment of account balances. The balance owed at the end of the previous month will be debited on the 15th of each month.

Name: _____ All American Co-op Acct #: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____ Contact Phone #: _____

BANK ACCOUNT INFORMATION (Please Attach Voided Check)

Bank Name: _____ City: _____ State: _____

Account Number: _____ Checking Savings

Bank Routing Number: _____ Bank Phone #: _____

MONTHLY BILLING STATEMENTS

E-Mail the Monthly Billing Statements to the above E-Mail Address

Customer Signature: _____ Date: ____/____/____

RIGHTS AND CONDITIONS

1. You may cancel your ACH Authorization at any time by notifying All American Co-op in writing 10 days in advance of an ACH transaction. Upon its cancellation, all information relating to the authorization will be deleted from the file.
2. ACH payments returned for insufficient funds or account closed will automatically remove and cancel your ACH Authorization. You may be charged insufficient fund fees in accordance with our credit policy.

Please print and mail completed form to: All American Co-op, PO Box 125, Stewartville MN 55976



ACH TRANSACTION AUTHORIZATION FORM

I hereby authorize Progressive Ag Center, LLC to automatically debit my bank account indicated below for payment of account balances. The balance owed at the end of the previous month will be debited on the 15th of each month.

Name: _____ Progressive Ag Center Acct, LLC #: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____ Contact Phone #: _____

BANK ACCOUNT INFORMATION (Please Attach Voided Check)

Bank Name: _____ City: _____ State: _____

Account Number: _____ Checking Savings

Bank Routing Number: _____ Bank Phone #: _____

MONTHLY BILLING STATEMENTS

E-Mail the Monthly Billing Statements to the above E-Mail Address

Customer Signature: _____ Date: ____/____/____

RIGHTS AND CONDITIONS

1. You may cancel your ACH Authorization at any time by notifying Progressive Ag Center, LLC in writing 10 days in advance of an ACH transaction. Upon its cancellation, all information relating to the authorization will be deleted from the file.
2. ACH payments returned for insufficient funds or account closed will automatically remove and cancel your ACH Authorization. You may be charged insufficient fund fees in accordance with our credit policy.

Please mail completed form to: Progressive Ag Center, LLC, PO Box 125, Stewartville MN 55976