



Grain ACH Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize All American Co-op to initiate automatic deposits to my account at the financial institution named below. I also authorize All American Co-op to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold All American Co-op responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until All American Co-op receives a written notice of cancellation from me or my financial institution, or until I submit a new ACH direct deposit form.

Account Information

Customer Name (printed): _____

Customer Account Number: _____

Customer Address: _____

Name of Financial Institution: _____

Bank Routing Number: _____

Bank Account Number: _____

Checking

Savings

Signature

Customer Signature: _____ Date: _____

Please choose one option:

Email my grain settlement sheets to: _____

Continue to mail my grain settlement sheets.

Please return this form along with a Voided Check to Brenda Dvorak at the address listed below:

**All American Co-op
PO Box 125
Stewartville, MN 55976**