



Corporate Headquarters
11177 Twp. Rd. 133, P.O. Box 68
West Mansfield, OH 43358-9709
www.heritagecooperative.com

Direct Deposit Authorization Agreement (ACH Credits)

Customer Name _____

Address _____

City/State/Zip _____

E-Mail Address _____ Telephone # _____

Heritage Cooperative Account Number _____

I (we) hereby authorize Heritage Cooperative, Inc. or its agent, affiliate, owners, or subsidiaries to credit and also, if necessary, debit entries and adjustments for any entries in error to my (our) bank account indicated below and the financial institution, hereinafter called Depository, named below for Grain sold to Heritage Cooperative, Inc.

Please select only one. Checking Account () or Savings Account ()

Depository Name (Bank Name) _____

City State Zip _____

Bank Routing Number (ABA #) _____

Bank Account Number _____

Name(s) on account _____

The authority will remain in effect until Heritage Cooperative, Inc. has received written notice from the customer of its termination in such time and in such manner to afford Heritage Cooperative, Inc. a reasonable opportunity to act on such notice. Customer assumes responsibility for any erroneous information provided in the authorization. Notice of termination in no way affects debit or credit transactions initiated prior to actual receipt of notice.

Authorized this _____ Day of _____, Year _____

Print Name _____ Co-Applicant _____

Signature _____ Signature _____

***All joint accounts must be signed and dated by both parties. If you elect checking, a voided check must be attached to this form.** Once the form is received, it will take three business days for approval. Settlement sheets will be mailed.