



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

Direct Payment Authorization Agreement (ACH Debits)

Customer Name _____ Account # _____

Address _____

City/State/Zip _____

E-Mail Address _____ Telephone # ____ - ____ - _____

- Would you like your Monthly Statements e-mailed? Circle one: Yes No
- Would you like your Invoices e-mailed? Circle one: Yes No

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

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

***If you selected checking, a voided check must be attached to this form.** Once the form is received, it will take three business days for approval.

Depository Name (Bank Name) _____

City/State/Zip _____

Bank Routing Number (ABA #) _____

Bank Account Number _____

Name(s) on account (1) _____ (2) _____

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.**

Payments will be drafted 1-2 days prior to the Due Date (25th of month), deducting from your Bank Account the 25th - 27th day of the month. Drafts will be created each month you have a Balance Due.