

Authorization for Electronic Grain Payment

I hereby authorize direct deposit of my grain check from
Cooperative Elevator Association to my

Check one _____ Checking Account
_____ Savings Account

At: Depository Name _____

City _____

Routing Number _____

(Routing number may be obtained by your financial institution, or you may
attach a voided check.)

Account Number _____

Customer name _____

Please print

Customer Signature _____

Date _____

All future grain payments will be an ACH, unless written
notice is provided to CEA to discontinue the service.