Credit Authorization

☐ Single Account ☐ Multiple Accounts

I (we) hereby authorize (CoBank), hereinafter called COMPANY, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the previsions of U.S. law.

Primary Account (Deposit Net Pay) **Type of Account:** ☐ **Checking** ☐ **Savings**

Financial Institution Name Branch

Address City State Zip

Routing Number Account Number

Secondary Account (Deposit $0.00) **Type of Account:** ☐ **Checking** ☐ **Savings**

Financial Institution Name Branch

Address City State Zip

Routing Number Account Number

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name Signature

Print Individual ID Number Date

PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM.
Return to Katie Doyle at the American Plains Co-op Main Office, 606 S. Main, Great Bend, KS 67530.
(Or Email to katie.doyle@apcoop.com)