



Cooperative Elevator Co. provides Automated Clearing House (ACH) electronic fund transfers to/from bank accounts. To participate in this service, please follow the instructions below.

1. COMPLETE THIS FORM. BE SURE TO INCLUDE YOUR SIGNATURE(S), AND DATE. PLEASE PRINT CLEARLY. (AN INCOMPLETE FORM CANNOT BE PROCESSED)
2. **IMPORTANT:** IF YOU CHOOSE TO USE A **CHECKING** ACCOUNT, PLEASE ATTACH A **VOIDED CHECK**. IF YOU CHOOSE TO USE A **SAVINGS** ACCOUNT, PLEASE **CONTACT YOUR FINANCIAL INSTITUTION** FOR PROPER ROUTING AND ACCOUNT NUMBERS.
3. IF THE SELECTED ACCOUNT IS IN A NAME OTHER THAN YOURS, OR IS A JOINT ACCOUNT, YOU MUST INCLUDE THE NAME OF THE OTHER PART AND THEIR SIGNATURE.
4. VERIFY THE ACCOUNT AND ABA/ROUTING NUMBER WITH YOUR BANK.
5. SEND THE COMPLETED FORM TO COOPERATIVE ELEVATOR CO.

**Personal/Business Information**

\_\_\_\_\_  
Last Name                                      First Name                                      Last 4 digits of Social Security Number

\_\_\_\_\_  
Account/Business Name                                      Coop Account Number

**Transaction Information**

**Deposit To: NOTE: Deposits include: Marketing Checks, Patronage Dividend Checks, and Coop Account Payables to Vendors**

\_\_\_\_ Checking                      \_\_\_\_ Savings                      Account Number \_\_\_\_\_

\_\_\_\_\_  
ABA/Routing Number                      Financial Institution                      Phone Number

Email Account for Notification of ACH: \_\_\_\_\_

**Withdraw from: NOTE: Withdrawal transactions include: Auto withdrawals to pay your Coop Account**

\_\_\_\_ Checking                      \_\_\_\_ Savings                      Account Number \_\_\_\_\_

\_\_\_\_\_  
ABA/Routing Number                      Financial Institution                      Phone Number

**Terms and Conditions**

This authorization is to remain in effect until Cooperative Elevator Co. has received notification from me (or joint owner) in writing of its termination. If necessary, I authorize Cooperative Elevator Company to make debit or adjustment entries for credits made in error. If transaction date falls on a holiday or weekend, funds will be posted the next available business day. This form shall supersede all other authorization forms you may have on file.

**Signature**

I (we) authorize Cooperative Elevator Company to originate the ACH transactions selected above.

\_\_\_\_\_  
Signature                                      Today's Date                                      Daytime Phone Number

To be completed by Cooperative Elevator Co.                                      Processed By: \_\_\_\_

Customer Account # \_\_\_\_\_ Pre not to bank by: \_\_\_\_\_ Date: \_\_\_\_\_