



your farm ... your community ... your co-op

***AUTHORIZATION
FOR AUTOMATIC DEPOSIT***

I authorize Western Consolidated Cooperative to initiate entries to my checking account listed below. This authority will remain in effect until I notify you in writing to cancel it, allowing sufficient time the financial institution a reasonable opportunity to act on it.

Name of Financial Institution To Credit

Bank Name: _____

Location: _____

Transit Routing #: _____

Checking Account #: _____

Authorized By: (Signature) _____

Date: _____

Print or Type Name: _____

Company Name: (If Applicable) _____

Address: _____

Phone Number: _____

Staple Voided Check Here