



**Authorization Agreement for Automatic Deposits/Withdrawals (ACH Credits)**

Direct Deposit/Withdrawals Agreement

Name: \_\_\_\_\_ Customer ID#: \_\_\_\_\_

I (We) hereby authorize Viafield, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our)  Checking  Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Transit/ABA #: \_\_\_\_\_ Account #: \_\_\_\_\_

This authority 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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_ Check here for:  
Please Print \_\_\_\_\_ Grain  
\_\_\_\_\_ Accounts Receivable  
\_\_\_\_\_ Both:

Date: \_\_\_\_\_ Signed X: \_\_\_\_\_ Signed X: \_\_\_\_\_

Please fill out this form and attach a personalized voided check or savings deposit slip and send to:

Viafield  
Accounting Team  
P.O. Box 38  
Marble Rock, Iowa 50653