



AUTHORIZATION FOR DIRECT DEBIT

Company Name: SLO Farmers Co-op

I authorize the Company named above to initiate entries to my checking/savings account. This authority will remain in effect until my 6, 9, or 12-month subscription ends. I will notify you to renew it or cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution three days before my account is charged.

Financial Institution Name: _____

Branch: _____ Phone: _____

City: _____ State: _____ Zip: _____

Name(s) (print or type): _____

(Signature)

(Date)

Routing Number: _____

Account Number: _____ Checking _____ Savings _____

____ New Authorization

____ Change to Previous Authorization

____ Termination

TRANSACTION INFORMATION

On _____ I authorized the above-named company to initiate electronic entries to my checking or savings account and have agreed to the terms listed in the authorization.

Reoccurring Payment Amount: \$ _____

Regular Payment Date: The Fourth Day of Each Month

Transaction Frequency: Monthly

Please fill out and sign this form. You can then give it directly to or scan it and send it to our sales representative at: sales@slofarmersco-op.com

You can also mail it to: Sales at SLO Farmers Co-op
W2407 Hofa Park Road
Seymour, WI 54165