



P.O. Box 159 | Sterling, KS 67579 | www.cpcoop.us

Electronic Funds Transfer Authorization Agreement (ACH Debits & Credits)

I hereby authorize Central Prairie Co-op to initiate debit or credit entries to my account indicated below and the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

(Name of Account with Central Prairie Co-op) (Your phone Number) (Date)

(Address) (City) (State) (Zip)

(Financial Institution Name)

(Routing Number) (Account Number) _____ Checking _____ Savings
(Type of Account)

(Financial Institution Address) (City) (State) (Zip)

This authority is to remain in full force and effect until Central Prairie Co-op has received written notification from me of its termination in such time and manner as to afford Central Prairie Co-op and the above mentioned Financial Institution a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

(PLEASE ATTACH A DEPOSIT SLIP OR VOIDED CHECK HERE)