



813 Clark Avenue
Ashland, Oh 44805
Phone: 419-281-2163 or 800-472-4644

ACH Agreement Form

Authorization Agreement

I hereby authorize **Centerra Co-op** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Centerra Co-op** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Centerra Co-op** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. Advances and Liens will not qualify for automatic deposits.

This agreement will remain in effect until **Centerra Co-op** receives a written notice of cancellation from me or my financial institution, or until I submit a new ACH form to **Centerra Co-op**.

Account Information			
Centerra Acct. Number		Name:	
Address:			
Phone:		Email:	
Name of Institution		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Number:		Account Number:	
Signature			
Authorized Signature (Primary):		Date:	
Authorized Signature (Joint):		Date:	
<p>Please attach a voided check and return this form to the Centerra Co-op. Grain Department.</p>			