



ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

Customer Name

Telephone Number

Address

E-mail Address

City State Zip Code

Customer hereby authorizes Centerra Coop to initiate electronic funds transfer debit & credit entries to Customer's deposit account described below, and does further authorize the financial institution described below, to debit or credit entries to the Customer's account.

Bank Name

Bank Account Number

Address

Routing Number/ABA Number

City State Zip Code

Bank Contact Telephone #

This Authority shall remain in effect until terminated by written notice by either Customer or Centerra Coop. Notice of termination shall in no way affect debit entries initiated prior to actual receipt of notice.

All credit terms and other terms and condition of trade otherwise established between Customer and Centerra Coop remain in effect and are not in any way modified by this Authorization Agreement.

*******PLEASE ATTACH COPY OF VOIDED CHECK*******

Authorized this _____ day of _____, 20_____.

Signature

Title