



Centerra Co-op  
 813 Clark Avenue  
 Ashland, Oh 44805  
 419-281-2153

## ACH/EFT Authorization Agreement Form

**This authorization is for (select one):**  Grain Settlements  Accounts Receivable (payments on account)

Authorization Agreement			
<p>I hereby authorize Centerra Co-op to initiate automatic deposits to or withdrawals from my account at the financial institution named below. I also authorize Centerra Co-op to make correcting withdrawals/deposits from/to this account in the event that an entry is made in error.</p> <p>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.</p> <p>All credit terms and other terms and conditions of trade otherwise established between Customer and Centerra Co-op remain in effect and are not in any way modified by this Authorization Agreement.</p> <p>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.</p>			
Customer Account Information			
Centerra Acct. Number:		Name:	
Address:			
Phone:		Email:	
Banking Information			
Name of Institution:			
Institution City & State:		Contact Name/Number:	
Routing Number:		Account Number:	
Signature			
Authorized Signature (Primary):		Date:	
Authorized Signature (Joint):		Date:	
<p><b>Please attach a voided check &amp; return this form to the Centerra Co-op, 813 Clark Ave, Ashland, OH 44805</b></p>			