

**Authorization Agreement For
Automated Clearing House Transactions
(ACH Debits)**

ACH Authorization

Individual / Company Name:	Individual / Company ID #:
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I (we) hereby authorize: _____ hereinafter called COMPANY/INDIVIDUAL, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Bank Information			
DEPOSITORY NAME:		Branch: (if applicable)	
City, State, Zip			
Transit/ABA No: ("Routing #")		Account #:	

This authority is to remain in full force and effect until COMPANY/INDIVIDUAL has received written notification from me (or either of us) of its termination in such a time and in such manner as to afford COMPANY/INDIVIDUAL and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____ ID
Please print _____ Number: _____

Signature(s) - Digital Signature Accepted **Date**

Email completed form to Jill Ritzma: jritzma@wheatfieldgrain.com