



ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

As a duly authorized check signer on the financial institution identified below, I authorize *Panhandle Coop* of Scottsbluff, Nebraska, to debit my bank account identified below on the 10th day of each month for the statement balance for the preceding month on the following *Panhandle Coop* account(s):

Account number(s) _____

Account Name _____

Furthermore, if any such electronic debit(s) should be returned by financial institution as Non-Sufficient Funds (NSF), I authorize *Panhandle Coop*, to collect a returned item fee of \$30.00 per item by electronic debit from my account identified below.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below.

This agreement shall continue in effect unless and until terminated by either *Panhandle Coop* or the customer by written notice to the other party.

I Understand and authorize all of the above as evidenced by my signature below:

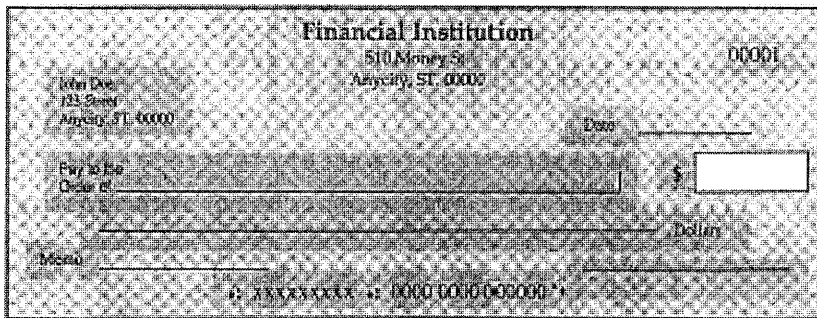
AUTHORIZING SIGNATURE: _____ DATE: _____

Financial Institution account "identifying information":

Enter financial institution account information into the fields provided below or attach a blank VOIDED check.

Complete or attach blank VOID Check here.	Financial Institution:	Branch:	
	City:	State:	ZIP CODE:
	Transit/ABA #	Account #	

Example



This is the 9 digit Transit / ABA Bank Routing number.

The Account number is usually to the right of the Routing number. Some Financial Institutions add the check number between the Routing and Account numbers