



"Working Together. Winning Together."

Corporate Headquarters  
11177 Twp. Rd. 133, P.O. Box 68  
West Mansfield, OH 43358-9709  
www.heritagecooperative.com

Direct Deposit Authorization Agreement (ACH Credits)

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Heritage Cooperative Account Number \_\_\_\_\_

I (we) hereby authorize Heritage Cooperative, Inc. or its agent, affiliate, owners, or subsidiaries to credit and also, if necessary, debit entries and adjustments for any entries in error to my (our) bank account indicated below and the financial institution, hereinafter called Depository, named below for Grain sold to Heritage Cooperative, Inc.

Please select only one. Checking Account (  ) or Savings Account (  )

Depository Name (Bank Name) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Routing Number (ABA #) \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Name(s) on account \_\_\_\_\_

The authority will remain in effect until Heritage Cooperative, Inc. has received written notice from the customer of its termination in such time and in such manner to afford Heritage Cooperative, Inc. a reasonable opportunity to act on such notice. Customer assumes responsibility for any erroneous information provided in the authorization. Notice of termination in no way affects debit or credit transactions initiated prior to actual receipt of notice.

Authorized this \_\_\_\_\_ Day of \_\_\_\_\_, Year \_\_\_\_\_

Print Name \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

**\*All joint accounts must be signed and dated by both parties. If you elect checking, a voided check must be attached to this form.** Once the form is received, it will take three business days for approval. Settlement sheets will be mailed.