## **ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM**

Yes, I would like to take advantage of the security and convenience of electronic funds transfer for scheduled or periodic payments.

As a duly authorized check signer on the financial institution account identified below, I authorize Hancock County Cooperative Oil Association to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic transfer credits to the same. The scheduled date of transfers is the first banking day on or after the 15 <sup>th</sup> of the month. I understand the dollar amount will be a fixed amount of \$\frac{\\$}{2}\$ to be applied to my budget account or a variable amount to pay my previous month's statement in full.			
Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), I authorize Hancock County Cooperative Oil Association to collect a returned item fee of \$30.00 (or the maximum amount allowed by state law) per item by electronic debit from my financial account identified below.			
PRINT NAME:		CO-OP ACCOUNT NUMBER:	
AUTHORIZING SIGNATURE:		DATE:	
**This authorization is to remain in full force and effect until Hancock County Cooperative Oil Association has received written notification of its termination in such time and in such manner as to afford Hancock County Cooperative Oil Association a reasonable opportunity to act on it. Any such notice should be sent to 615 W US Highway 18, Garner, IA 50438.			
Financial Institution account "identifying information".  Enter the Financial Institution account information into the fields below and attach a blank VOID check or savings withdrawal slip			
Attach Blank VOID check here.	Financial Institution:	Branch:	
	City:	STATE:	Zip Code:
	Transit/ABA Routing #:	Account #:	
		Checking (	Savings ( )