



Request for ACH Authorization

POET Grain - Marion
 3939 N Webb Rd
 Wichita, Kansas 67226
 Main Phone: 316.303.1380

Attention: AP Department
Fax : 316.267.1071
Email: PGSettlements@poetep.com

VENDOR INFORMATION

Vendor Legal Entity Name:

Vendor Address:

City: _____ State: _____ Zip Code: _____

Type of Request (check ONE):

New ACH Form
 Change Existing ACH Form

Effective Date:

BANK INFORMATION

Bank Name:

Nine-Digit Routing Transit Number:

Bank Address:

Account Number:

City: _____ State: _____ Zip Code: _____

Account Type: Checking
 (Please Select One) Savings

Company Use Only
Vendor ID: _____

Name on Bank Account:

Bank Phone Number (if available):

FOR AUTHORIZED SIGNER ON BANK ACCOUNT

The undersigned is authorized to transact financial affairs of the above listed Vendor and hereby authorizes POET Grain, LLC hereinafter called 'the Company' to initiate credit entries for regular deposits to the account listed above. The Vendor agrees to promptly remit to the Company any amounts owing to the Company which are the subject of an ACH reject or which are not otherwise paid through ACH as the result of revocation.

If debit entries and/or adjustments are needed to correct any erroneous credit entries:

Please Select ONE:

Vendor authorizes the Company to initiate any debit entries, which shall not be for a sum greater than the incorrect entry.

Vendor agrees to wire/ACH the Company the funds within 2 business days to correct the erroneous entry; all additional deposits will be placed on hold until the funds are received in full to correct the error.

Signature of Vendor's Authorized Official: _____ Date: _____

Authorized Official's Name (printed): _____ Authorized Official's Title: _____

This authority is to remain in full force and effect until 'the Company' has received written notice from the Vendor of its termination in such time and in such manner as to afford the Company a reasonable opportunity to act on it, provided any revocation shall not affect the authority herein given to correct any credit/debit error made prior to receipt of notice of revocation by the Company.

VENDOR ACCOUNTING CONTACT INFORMATION

Vendor Accounting Contact's Name:

Vendor Accounting Contact's Title:

E-mail Address(es):

Phone Number:

By providing e-mail address information, settlement sheets will automatically be e-mailed to the address(es) listed above. If you prefer to receive settlement sheets via mail instead, please check this box.

COMPANY USE ONLY

Setup Complete: Bank Routing Confirmed Type of Vendor: Commodity General Payable
 Intrust Bank/EPIC GP Approval (signed): _____ Date: _____