



ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

As a duly authorized check signer on the financial institution identified below, I authorize Legacy Coop of Scottsbluff, Nebraska, to debit my bank account identified below on or about the **15th day of each month** for the statement balance of the preceding month on the following Legacy Coop account (s):

Legacy Coop Account number _____

Legacy Coop Account Name _____

Furthermore, if any such electronic debit(s) should be returned by financial institution as Non-Sufficient Funds (NSF), I authorize Legacy 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 *Legacy 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 #	

ANY NAME P.O. Box 0000 Anywhere, USA 12345 (123) 123-0000	1001 20 00-000 FL 0000
PAY TO THE ORDER OF _____	\$ _____
DOLLARS	
FOR _____	
⑆XXXXXXXXX⑆	XXXXXXXXXXXX
Routing Number	Account Number

Return to any of our locations or by email to credit@legacycoop.com.
Call 308-632-5301 for more information.