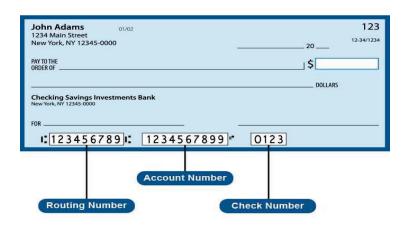


ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

| Customer Account Number: |
|---|
| Yes, I want to set up automatic payments for my Legacy Coop account |
| Bank Name: |
| Routing Number: |
| Account Number: |
| Account Type: Business Personal |
| Name on Account: |
| Address on Account: |
| |
| Authorized signer on Account: |



Return to any of our locations or by email to credit@legacycoop.com.

Call 308-632-5301 for more information.

Payments will draft on the 15th of each Month.