



MID IOWA COOP ACH FORM

ACH AGREEMENT FOR: (Please ind	licate choice)		
DRAFT PATRONS ACCOUNT A	AUTOMATICALLY FOR MON	THLY CHARGES ON ACCOUNT	
By signing this agreement, I authorindicated. I acknowledge that my understand and accept these term or incorrect debits to my account. Mid Iowa Cooperative, Attention:	account will be debited on s. I agree that Mid Iowa Co To withdraw my authoriza	the 15 th of each month, starting coperative is not liable for erron tion, I must do so in writing at l	; immediately. I neous billing statements
DIRECT DEPOSIT GRAIN CHEC	CK INTO CUSTOMERS BANK	ACCOUNT	
PATRON/SELLER INFORMATION		CUSTOMER ACCT #	
Name:Please Print Address:	(Customer/Producer)		
City:			
Phone Number ()	Cell Phone(
Social Security Number		DOB	
E-Mail address			
Bank Name:			
Bank Address:			
Bank City	State	Zip	
Bank Phone()			
Bank Routing Number (9 digits)		Bank Acct. Number	
PLEASE ATT	TACH A VOIDED (CHECK (not a depos	it slip)
Please check one: Checking accoun	nt or Savings account		
Signed:			
Printed Customer signature		Date:	



- 1. You (customer) authorize Mid-lowa Cooperative (we) to credit the ACH payment described on this form.
- 2. You agree, Mid-lowa Cooperative will not be held liable for any losses that occur
- 3. due to incomplete, ambiguous, or incorrect information provided by you. If we cannot complete a transfer (e.g., because of an ambiguity), we will notify you orally or in writing.
- 4. ACH payments may be subject to delays and/or fees may be imposed by the beneficiary bank. You agree that Mid-lowa -Cooperative will not be held liable for such occurrences.
- 5. Mid-lowa Cooperative will not be liable for consequential, special, or exemplary damages or losses of any kind. We will not be liable for any failure to act or delay due to circumstances beyond our control such as fire, flood, or natural disaster; communication failures; labor disputes; the action or inaction of others; or any applicable government or funds-transfer system rule, policy or regulation.