



# ACH Agreement

Completed forms can be emailed to ap@mid-iowacoop.com or mail to Mid-Iowa Coop, PO Box 160, Conrad IA 50621

Please indicate choice:

Draft Patron's Account Automatically for Charges on Account

By signing this agreement, I authorize Mid Iowa Cooperative to electronically debit my bank account as indicated. I acknowledge that my account will be debited on the due date(s) each month, starting immediately. I understand and accept these terms. I agree that Mid Iowa Cooperative is not liable for erroneous billing statements or incorrect debits to my account. To withdraw my authorization, I must do so in writing with at least 10 days notice to: Mid Iowa Cooperative, Attention: Credit Manager, PO Box 160, Conrad, IA 50621.

Direct Deposit Grain Check into Customer's Bank Account

Name on Account \_\_\_\_\_ MIC Customer Acct # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Phone Number \_\_\_\_\_ Phone Type: Home Cell Work Spouse Other \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_ Phone Type: Home Cell Work Spouse Other \_\_\_\_\_

Email \_\_\_\_\_ SSN or EIN \_\_\_\_\_ DOB \_\_\_\_\_

Bank Name \_\_\_\_\_ Bank Phone \_\_\_\_\_

Bank Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing # (9 digits) \_\_\_\_\_ Account # \_\_\_\_\_

Account Type:  Checking Account  Savings Account

1. You (customer) authorize Mid-Iowa Cooperative (we) to process the ACH transfers described on this form.
2. You agree Mid-Iowa Cooperative will not be held liable for any losses that occur 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.
3. ACH payments may be subject to delays and/or fees may be imposed by the beneficiary bank. You agree that Mid-Iowa Cooperative will not be held liable for such occurrences.
4. Mid-Iowa 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 circumstance 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.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Attach Voided Check (not a deposit slip)

Office Use: Date Received: \_\_\_\_\_ Date Entered \_\_\_\_\_ By \_\_\_\_\_ Verified By \_\_\_\_\_