MID IOWA MILLING
GOOD LAND. GOOD PEOPLE. GOOD ADVICE.

Completed forms can be emailed to lschipper@midiowacoop.com
or mail to Mid-Iowa Milling, PO Box 160, Conrad IA 50621

_____ Draft Patron's Account Automatically for Charges on Account

By signing this agreement, I authorize Mid Iowa Milling to electronically debit my bank accout 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 Milling is not liable for erroneous billing statements or incorrect debits to my account. To withdrwaw my authorization, I must do so in writing with at least 10 days notice to: Mid Iowa Milling, Attention: Credit Manager, PO Box 160, Conrad, IA 50621.

Name on Account _____ MIM 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 Milling (we) to process the ACH transfers described on this form.
2. You agree Mid-Iowa Milling 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 Milling will not be held liable for such occurences.
4. Mid-Iowa Milling 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 _____