



CRYSTAL VALLEY COOPERATIVE AUTHORIZATION FOR GRAIN DIRECT DEPOSIT

I hereby authorize Crystal Valley Cooperative to direct deposit grain checks using the deposit account number and bank routing number listed under the account below. This authority will remain in effect until I notify you in writing to cancel it, allowing the financial institution sufficient time and a reasonable opportunity to act on it. In the event Crystal Valley Cooperative deposits funds erroneously into my account, I authorize Crystal Valley Cooperative to debit my account for an amount not to exceed the original amount of the erroneous deposit.

Bank Deposit Information –

Bank Name: _____

Bank Routing Number: _____

Deposit Account Number: _____

Type of Account (Circle One): Checking Savings

Crystal Valley Account Number: _____

Print Name: _____

Signature: _____

Date: _____

STAPLE VOIDED CHECK HERE