# AUTHORIZATION
# FOR GRAIN DIRECT DEPOSIT

I hereby authorize ***Crystal Valley*** 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 reasonable opportunity to act on it. In the event ***Crystal Valley*** deposits funds erroneously into my account, I authorize ***Crystal Valley*** to debit my account for an amount not to exceed the original amount of the erroneous deposit.

**Bank Deposit Information**

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Type of Account (Circle One): Checking Savings

Crystal Valley Account #: _____

Email Address: _____

Authorized Signature (print): _____

Authorized Signature (sign): _____

Date: _____

**Staple Voided Check Here**