



DIRECT PAYMENT FORM

Fields with * are required

* CONNECTION CENTRAL ACCOUNT NAME: _____

Account Number

* Name (printed): _____

* Full Address: _____

Street/PO Box Address

State

Zip Code

* Email: _____

Initiate Direct Payment

Effective Date: _____

Stop Direct Payment

Effective Date: _____

Change Existing Direct Payment Information

Effective Date: _____

Fields with * are required. Attach a voided CHECK

* Account Name (name on bank account): X _____

* Checking Account Number: X _____

OR

* Savings Account Number: X _____

* Bank Name: X _____

* Bank City: X _____

* Bank State: X _____

* Bank Routing/Transit Number: X _____

* Bank Telephone Number: X _____

I hereby authorize NEW Cooperative to initiate credit entries and to initiate, if necessary, entries and adjustments for any credit entries in error directly to my account as stated above for grain payments to be made through NEW Cooperative.

This authority is to remain in full force until NEW Cooperative has received written notification from me (the Customer) of its termination in such time and in such manner as to afford NEW Cooperative a reasonable time to act on it.

NEW Cooperative will assume no liability if the bank information you provide is incorrect. It is your responsibility to notify NEW Cooperative if your bank information changes.

Authorized Signature

Printed Name

Date

For Accounting use only

Entered By _____

Entered Date _____

Please return ACH form and a voided CHECK by mail, or scan and email to:

NEW Cooperative, Inc.
Attn: Credit Department
P.O. Box 818
Fort Dodge, Iowa 50501
515-417-6300
Email: credit@newcoop.com