GRAINLAND COOPERATIVE

AUTHORIZATION FOR PREARRANGED BANK DRAFT PAYMENTS

Patron Name: _____

Billing Address: _____

City, State and Zip Code: _____

Account Number as shown on Statement: _____

Name of Bank: _____

City and State of Bank: _____

Bank Transit Number (Routing Number): _____

Name as shown on Bank Account: _____

Checking Account Number: _____

In consideration of this service to the extent permitted by applicable law, I hereby release and hold harmless Grainland Cooperative for all claims of liability, whether caused or contributed to by negligence of Grainland Cooperative with respect to the debit of my account. In no event will Grainland Cooperative be liable for the acts and omissions of others, including the bank and clearing houses that receive and transmit the debit instructions.

AUTHORIZATION AGREEMENT FOR PREARRANGED BANK DRAFT PAYMENT*

I hereby authorize Grainland Cooperative, as my agent, to debit my bank account for payment of all bills rendered by Grainland Cooperative. I understand that these drafts will be processed approximately the 15th of each month. I also understand that I must notify Grainland Cooperative promptly upon receipt of my bill of any dispute regarding the amount of my bill.

I understand that Grainland Cooperative may impose a processing fee if the draft is rejected by my bank due to insufficient funds or my account being closed. This authorization will be in effect until either party gives written notice to the other of termination. I understand that my notice must be received by Grainland Cooperative in time for it to have a reasonable opportunity to act. After several failed attempts at processing the draft, Grainland Cooperative retains the right to discontinue the remitting of said drafts.

Signature Date Daytime Phone Number

*Please enclose a voided check.

Grainland Cooperative - 249 W Denver St - P.O. Box 118 - Holyoke, CO 80734-118

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