

**SOUTHWEST KANSAS AREA COOPERATIVE
DISTRICT #613**

**AUTHORIZATION AGREEMENT
AUTOMATIC DEPOSITS (ACH CREDITS)**

I hereby authorize the Southwest Kansas Area Cooperative District #613, 001 Ford Street, Ensign, KS 67841, hereinafter call **COMPANY**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the financial institution named below, hereinafter call **FINANCIAL INSTITUTION**, to credit and/or debit the same to such account.

Financial Institution Name		Branch	
Address		City/State	Zip
Routing Number		Account Number	

Type of account: _____ Checking _____ Savings

This authority is to remain in full force and effect until **COMPANY** has received written notification from me, subject to rules and regulations adopted by **COMPANY**, of its termination in such time and manner as to afford **COMPANY** and **FINANCIAL INSTITUTION** a reasonable opportunity to act on it.

Print Individual Name		Signature	
Individual Social Security Number		Date	
Email address			

PLEASE ATTACH VOIDED CHECK TO THIS FORM

**THIS WILL BE EFFECTIVE ON THE SECOND PAY CHECK AFTER
RECEIPT OF ENSIGN PAYROLL OFFICE**