



AUTHORIZATION FOR DIRECT PAYMENT

I authorize Central Farm Service and the financial institution named below to initiate entries to my checking/savings/operating loan account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying CFS at least five (5) business days before my account is charged.

CFS Acct # _____

Customer Name (please print) _____

Customer Address (City, State, Zip) _____

Name of Financial Institution _____ Branch _____

Financial Institution Address (City, State, Zip) _____

Bank Account no. _____

___ Checking ___ Savings ___ Operating Line

Financial Institution Routing #: _____

Amount due on:

- Regular monthly statements
- Agronomy monthly statement
- Energy/Feed/Grain monthly statement
- Monthly budget amount according to annual Home Heating Budget Program contract.

On the 20th of the month, I authorize Central Farm Service to initiate electronic entries to my checking/savings/operating line account and have agreed to the terms listed above. I may revoke my authorization with the company at any time by writing to CFS, PO Box 68, Truman, MN 56088.

Signature: _____ Date: _____

Staple voided check to form when sending in

Mail to: CFS, Attn: Yvonne Flynn, PO Box 68, Truman, MN 56088

