

Recurring ACH Payment Authorization at Farmers' Grain & Feed, LLC

You authorize regularly scheduled charges to your checking/savings account. Farmers' Grain & Feed, LLC will process payments every other week. A statement of your account will be emailed to you every other Monday with payments being processed that following Wednesday (we will communicate the first date of this cycle to you when your signed agreement is received). You will be charged the amount indicated on the statement for product received. A receipt for each payment will be available to you upon request and the charge will appear on your bank statement as an "ACH Debit". You agree that no prior-notification will be provided unless the amount changes from the amount originally billed to your account.

I _____ authorize Farmers' Grain & Feed, LLC to charge my
(Full Name)
bank account every other Wednesday after receiving an emailed statement the prior Monday. *Please provide our company account ID# 3W2037112A to your bank so they can update their ACH Fraud Filter/Positive Pay information to ensure a smooth transaction.*

This payment is for feed, supplies and/or animal nutrition services.

Billing Information

Billing Address _____ Phone # _____
City, State, Zip _____ Email _____

Bank Details

Checking Savings

Account Name _____
Bank Name _____
Account Number _____
Routing Number _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Farmers' Grain & Feed, LLC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next order. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Farmers' Grain & Feed, LLC may at its discretion attempt to process the charge again, and agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Account Holder's Signature)

DATE _____