

**AUTHORIZATION FOR AUTOMATED CLEARING HOUSE ("ACH") TRANSACTIONS**

As the duly authorized agent for Customer below, I hereby authorize, The Nemaha County Coop Assn ("Co-op") and the financial institution listed below ("Bank") to initiate entries to Customer account listed below. This authority will remain in effect until I notify Co-op and Bank receives notice in such time as to afford a reasonable opportunity to act on it. Any payment or entry may be cancelled or stopped by notifying Bank before said account is affected. ACH transactions returned for such stop payment or for non sufficient funds may be charged a fee by Bank and by Co-op. By adding and using ACH, you are attesting that you are an authorized user of this Bank account. Please allow up to 5 days for processing time.

**FINANCIAL INSTITUTION/BANK INFORMATION**

Bank Name: \_\_\_\_\_

Location/Address: \_\_\_\_\_

Transit Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Types of Transactions:	Withdrawals: X for Yes
Automatic Accounts Receivable Drafts 25 <sup>th</sup> of the month for monthly statement balance	
Patron Access AR Payments thru website	

The Nemaha County Coop Assn: Account Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Authorized By (Signature):** \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

<input type="checkbox"/>	Check One
<input type="checkbox"/>	Checking
<input type="checkbox"/>	Savings

***Please return this form to:***

**Nemaha County Coop Assn**

**PO Box 204**

**Seneca, KS 66538**

**[kristina@ncca.coop](mailto:kristina@ncca.coop) or fax 785-336-6256**