



# AUTO PAY BY BANK ACCOUNT (ACH) AUTHORIZATION FORM

Please complete all of the following as any missing information may result in delayed payment.

703 ALGON STREET – ALBERT LEA, MN 56007 | OFFICE: 507.552.1339 | FAX: 507.379.3631

I (we) hereby authorize **SITOS GRAIN, LLC** (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE BANK), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE BANK a reasonable opportunity to act on it.

### Please Print the Following:

#### ACCOUNT HOLDER INFORMATION

Full Name (As listed on bank account):		Phone Number:	
Address:			
City:		State:	Zip:
Email Address (For settlement detail; If left blank, your settlement detail will be sent by mail):			

#### BANK INFORMATION

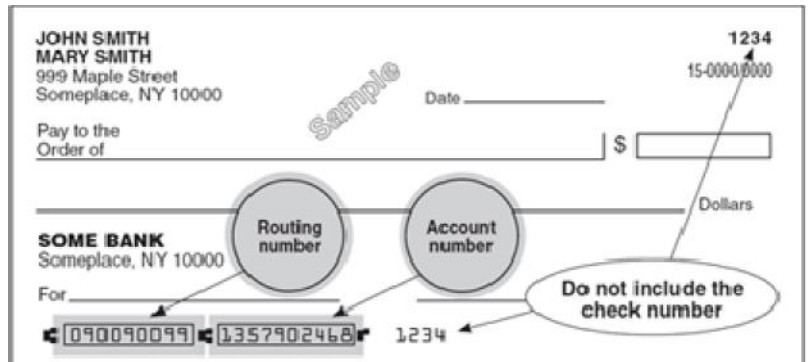
Name of Bank:		Bank Phone Number:	
Bank Address:			
City:		State:	Zip:

#### ACCOUNT INFORMATION

Account Number:		Routing/Transit Number (9 digits):	
Type of Bank Account:		Requested Effective Date:	
Checking	Savings		

Signature:

Date:



Note: The routing and account numbers may appear in different places on your check.