

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I (We) hereby authorize ENCOMPASS GRAIN & RAIL COOP to initiate credit entries or debit corrections to my (our) _____ Checking _____ Savings account indicated below and the financial institution named below to credit/debit the same to such account.

Direct Deposit Account

Bank Name

Bank City

Bank State

Bank Phone Number

Routing Number

Account Number

Type of Account (Checking or Savings)

This authorization is to remain in full force and effect until ENCOMPASS GRAIN & RAIL COOP has received written notification from me (or us) of its termination in such time and manner as to afford ENCOMPASS GRAIN & RAIL COOP and participating bank a reasonable opportunity to act on it.

Print Name

Signature

Date

(A VOIDED check must be attached for the account listed above)