FIVESTAR COOPERATIVE

AGRONOMY | ENERGY | FEED | GRAIN | RETAIL

WEEKLY AUTHORIZATION AGREEMENT FOR ELECTRONIC FUND TRANSFERS

Five Star Cooperative Customer Name _____

Five Star Cooperative Account Number _____

I authorize Five Star Cooperative to initiate electronic fund transfers to the bank account listed below. I authorize the bank to debit my account and pay Five Star Cooperative for all such debit entries initiated by Five Star Cooperative.

This authorization is to remain in effect until Five Star Cooperative or the bank has received notice to revoke this authorization at least three (3) banking days before the date of any scheduled transfer. If oral notice is given, the bank or Five Star Cooperative may require me to provide written confirmation within 14 days after the oral notification.

The payments made under this arrangement are for purchases made by me from Five Star Cooperative. Five Star payment terms are weekly pay, with the payment by ACH preferred. Five Star initiates the ACH on Monday of each week for previous week's charges. The bank will not be required to confirm that the transfer initiated by Five Star Cooperative is for this purpose.

Type of Account:

☐ Checking ☐ Savings ☐ Other _____

_____ _____

Bank Name Bank Phone Number

_____ _____

Bank Routing Number Bank Account Number

_____

Name(s) of Account Owner

_____ _____

E-mail Address Telephone Number

_____

Authorized Signature

1949 North Linn Avenue, New Hampton, Iowa 50659 | 641-394-3052