



P. O. Box 190, 12389 Hwy 24 East, Davisboro, Ga., 31018 (478) 247-0377

AUTHORIZATION FOR ELECTRONIC PAYMENT TRANSACTIONS

As a customer of AGROWSTAR, I hereby authorize AGROWSTAR to initiate a CREDIT entry (*for grain payables customers*) or a debit entry (*for grain receivables customers*) to the bank account of:

NAME ON BANK ACCOUNT (*i.e. the name printed on checks and deposit slips*):

AGROWSTAR is also hereby authorized to initiate adjustments, if necessary, for any transactions credited or debited in error. This authorization will remain in effect until AGROWSTAR is notified ***in writing*** by the account owner (or a legally authorized representative of the account owner) to cancel the authorization in such time as to afford AGROWSTAR LLC a reasonable opportunity to process a request.

NAME OF FINANCIAL INSTITUTION: _____

FINANCIAL INSTITUTION'S ROUTING/TRANSIT NUMBER: _____

ACCOUNT NUMBER for EFT TRANSACTIONS: _____

EMAIL ADDRESS FOR EFT NOTIFICATIONS: (*multiple addresses can be provided*):

AGROWSTAR ACCOUNT CODE: _____

PLEASE **PRINT THE NAME AND TITLE** OF PERSON SIGNING THIS FORM ON BEHALF OF THE ACCOUNT OWNER:

NAME: _____

TITLE: _____

SIGNATURE OF ACCOUNT OWNER OR LEGALLY AUTHORIZED REPRESENTATIVE

DATE: _____

PLEASE ATTACH EITHER A COPY OF A VOIDED CHECK OR A SIGNED LETTER FROM YOUR FINANCIAL INSTITUTION WHICH CONFIRMS BOTH THE BANK'S ROUTING NUMBER AND YOUR ACCOUNT NUMBER.