



# W & H COOPERATIVE OIL CO.

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 Humboldt, IA 50548  
 office@whcoop.com

1-800-392-3816  
 1-515-332-2782  
 Fax: 515-332-1559  
 www.whcoop.com

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize W & H Cooperative Oil Company, hereinafter call COMPANY, to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Type of Account \_\_\_\_\_ Regular Payment Date [ ] beginning \_\_\_\_\_ 15, 20\_\_\_\_

[ ] Checking \_\_\_\_\_ Budget Payment Date [ ] beginning \_\_\_\_\_ 15, 20\_\_\_\_

Payments are taken from your checking account on the 15<sup>th</sup> of each month.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ W & H Cooperative Customer Number \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_  
 authorized signature of account holder

TAPE YOUR VOIDED CHECK HERE

NOTE: Always get the financial Institution Number from a check; never use the information from a deposit slip.

Thank you for having your W & H Cooperative monthly billing paid automatically from your checking account!