

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

(Please include a copy of a voided check)

Customer Name:		
Address:		
City:	State:	Zip
and/or a debit entry to the custo	omer's account indicated belo	res AgMark LLC to initiate a credit w, and also authorizes the n entries to the customer's account.
Bank Name:		
Bank Address:		
City:	State:	Zip:
Bank Routing Number:	(Attac	ch a copy of a voided check)
Customer Bank Account Numb	er:	
Bank Telephone Number:		
This authorization shall remain Customer or AgMark LLC.	in effect until terminated upor	n 30 days written notice by either the
Customer Authorization:		
Authorized Signature:		
Date:	_	