



P.O. Box 397, Ellsworth, KS 67439  
 Office: (785) 472-3261  
 FAX: (785) 472-3150  
 Email: awesterman@ellsworthcoop.com

### ACH Authorization

By completing the form below, you are authorizing the Ellsworth Coop to make withdrawals and deposits to your banking account per the selection you made. If you are needing to cancel your ACH authorization, you will need to contact the Ellsworth or Holyrood office 5 days before your scheduled withdrawal date to allow all parties time to act. **There is no charge for this service.**

YOUR NAME 678 Main Street Anywhere, MI 12345		123
DATE _____		
PAY TO THE ORDER OF _____		\$ _____
		_____ DOLLARS
⑆ 231379490	⑆00123456789	⑆123
Routing Number	Account Number	Check Number

#### **Grain Checks**

If you sign up for the ACH payment method for your grain checks, that will be the automatic payment selection upon the sale of your grain. A written check is still possible but that preference will need to be translated when you sell your grain. Grain checks will be deposited to your bank account within two business days.

#### **Payments Initiated by the Coop**

Choosing this method means that the Ellsworth Coop will post payments automatically to your account without you having to initiate each month. The statement balance from the month prior will be withdrawn from your account on the 10<sup>th</sup>, 20<sup>th</sup>, or 2<sup>nd</sup> of each month. Payments withdrawn on the 2<sup>nd</sup> of each month will be from transactions two months prior. For example, the transactions from your April 2024 statement would be posted to your bank on June 2<sup>nd</sup>. If any of these dates fall on a weekend or holiday, the payment will be posted to the following business day.

#### **Payments Initiated by Customer through Online Access**

Choosing this method means that you, the patron, still have the sole responsibility on making payments on your account. The Ellsworth Coop will not initiate payments for you. A receipt will be emailed to you through Online Access after you have posted a payment. If you post a payment to your account, the posting schedule is as follows unless the date falls on a weekend or holiday where they will be withdrawn on the following business day:

Payment Date	Date Posted to Your Bank Account
1 <sup>st</sup> – 8 <sup>th</sup>	10 <sup>th</sup>
9 <sup>th</sup> – 18 <sup>th</sup>	20 <sup>th</sup>
19 <sup>th</sup> – 31 <sup>st</sup>	2 <sup>nd</sup>



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I hereby authorize The Ellsworth Coop to initiate debit or credit entries to my account indicated below from the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until The Ellsworth Coop has received written notification from me of its termination in such time and in such manner as to afford The Ellsworth Coop and the financial institution a reasonable opportunity to act on it.

**I WILL BE USING ACH FOR (SELECT ALL THAT APPLY):**

\_\_\_\_\_ GRAIN CHECKS

\_\_\_\_\_ PAYMENTS INITIATED BY CUSTOMER THROUGH  
ONLINE ACCESS

\_\_\_\_\_ PAYMENTS INITIATED BY THE COOP

WITHDRAWAL DATE: \_\_\_ 10<sup>TH</sup>  
                                  \_\_\_ 20<sup>TH</sup>  
                                  \_\_\_ 2<sup>ND</sup>

\_\_\_\_\_  
**NAME OF THE ACCOUNT WITH THE ELLSWORTH COOP**

\_\_\_\_\_  
**FINANCIAL INSTITUTION NAME**

\_\_\_\_\_  
**FINANCIAL INSTITUTION ADDRESS**

\_\_\_\_\_  
**ROUTING NUMBER**

\_\_\_\_\_  
**ACCOUNT NUMBER**

\_\_\_ **CHECKING**  
\_\_\_ **SAVINGS**

**EMAIL RECEIPT?**    \_\_\_ YES  
                              \_\_\_ NO

\_\_\_\_\_  
**EMAIL ADDRESS**

\_\_\_\_\_  
**PRINTED INDIVIDUAL NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**