



Whatcom Farmers Co-Op
 PO Box 611
 Lynden, WA 98264-0611
 Phone: 354-2108
 Fax: 354-3936

ACH AUTHORIZATION FORM

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize WHATCOM FARMERS CO-OP (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

 (Name of Financial Institution)

 (Address of Financial Institution—Branch, City, State, & Zip)

Please select date you want to have funds debited/credited:
 5th 15th 25th

 (Signature)

 (Date)

 (Name - PLEASE PRINT)

 (Address - PLEASE PRINT)

 (E-Mail Address)

Month to start paying via ACH: _____

Your Whatcom Farmers Co-Op Account Number: _____

Financial Institution Routing Number: _____

Circle one: Checking Account Savings Account

Checking/Savings Account Number: _____

These Numbers are located on the bottom of your check as follows:

