



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:

