

## Recurring ACH Debits Authorization Form

This is permission for recurring debits. As an authorized signer on the Depository Account presented, by completing and signing this form you give **SCHUYLER COOPERATIVE ASSOCIATION** permission to charge/debit your account for the amount indicated on or after the indicated date. This authorization is to remain in full force and effect until **SCHUYLER COOPERATIVE ASSOCIATION** has received written notification from me of its termination. \*\*

**Please complete the information below:**

I \_\_\_\_\_ authorize **SCHUYLER COOPERATIVE ASSOCIATION** to charge/debit my  
(Full name)

account indicated below for the end of the month statement balance of account # \_\_\_\_\_ or \$ \_\_\_\_\_ on or after the 15<sup>th</sup> of the following month.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Bank Name _____	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Routing Number _____	Account Number _____	

I acknowledge that a minimum Non-Sufficient Funds (NSF) fee of \$25 may be charged by **SCHUYLER COOPERATIVE ASSOCIATION** to me in the event there are insufficient funds available at the time the ACH payment is submitted. I authorize **SCHUYLER COOPERATIVE ASSOCIATION** to charge/debit the account indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services/account/invoice described above, for the amount indicated above and only for the occurrences indicated. I certify that I am an authorized signer on this Depository Account.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mail to Schuyler Cooperative Association, 1303 G Street, Schuyler, NE 68661 OR  
Fax to: [402-352-2254](tel:402-352-2254) OR Scan & Email to: [colleenwilshusen@gmail.com](mailto:colleenwilshusen@gmail.com)

\*\*I \_\_\_\_\_ hereby **Revoke my Authorization** for the charges/debits to the account. I understand that my right to place a stop payment exists only as long as I request and sign this written stop payment notice at least three days prior to the scheduled settlement date.

# PLEASE INCLUDE A VOIDED CHECK.