



Welcome to Northern Country Coop's direct deposit (ACH) program, a simple, secure way to receive your remittance dollars. We appreciate your business and hope that this program provides you with convenience and value.

Below are some frequently asked questions about our ACH program:

➤ **How do I enroll?**

- Complete the attached authorization form and mail, fax, or e-mail it to Northern Country Coop along with a copy of a voided check, or a bank letter noting routing and account information, as noted below. You can choose to discontinue participation at any time by notifying us in writing.

➤ **Where does my banking information go? Is it secure?**

- Your direct deposit application and authorization form should be sent only to Northern Country Coop as noted below. Access to your bank information is restricted to select personnel at Northern Country Coop.

Mail To:

Northern Country Coop
PO Box 217
Stacyville, IA 50476-0217

e-mail PDF documents to:

edocs@ncountrycoop.com

FAX: 641-710-2124

➤ **When are funds deposited?**

- An ACH is initiated near the end of the business day on which the settlement is processed. ACH funds are normally available in your bank account the next business day.

➤ **Will the appearance of my grain settlements change?**

- Our settlements have not changed and will be emailed to address specified. They will not include a paper check that you are accustomed to. **Multi-party payment (typical of a crop lien situation) must continue to be paid by check.**



AUTHORIZATION FOR ACH PAYMENT (DIRECT DEPOSIT)

NAME ON ACCOUNT: _____

Undersigned agrees to the ACH credit method for payment of all proceeds payable. Northern Country Coop will initiate such payments by ACH credit to the client’s bank account per the instructions specified below or initiate offsetting entries for the purpose of correction.

I hereby authorize Northern Country Coop to initiate automatic deposits to my account at the financial institution named below. I also authorize Northern Country Coop to make withdrawals from this account in the event a credit entry was made in error.

BANK INFORMATION

Financial Institution Name: _____

Address: _____

Routing Number (9–digits): _____ Bank Account Number: _____

Type of Account (Please check one): Checking Account: _____ Savings Account: _____

To ensure accuracy, we require a copy of a voided check, or a bank letter noting routing and account information, along with this form.

CONTACT INFORMATION

Name: _____ Phone: _____

E-Mail: _____

Provide an e-mail address if you wish to receive notification via e-mail that a payment has been made.

By signing below, I agree that the bank listed above can provide information about the account listed above to a representative of Northern Country Coop. I further represent that I am authorized to sign this agreement on behalf of the person or entity listed above. This authorization shall remain in effect unless and until revoked in writing by an authorized representative of client and until Northern Country Coop has received such notice and has had reasonable time to act upon such notice.

Signature: _____ Date: _____

Signature (joint)*: _____ Date: _____

***All joint accounts must be signed and dated by all applicable parties.**

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