DIRECT DEPOSIT AUTHORIZATION FORM

(ACH PAYMENT)

MEMBER NAME:_____

PAYEE NAME (NAME AS IT APPEARS ON THE

ACCOUNT):_____

I HEREBY AUTHORIZE WYOMING SUGAR COMPANY TO INITIATE CREDIT ENTRIES TO THE ACCOUNT INDICATED BELOW:

CHECKING:☐ SAVINGS:☐

FINANCIAL INSTITUTION:_____

ADDRESS:_____

ROUTING NO:_____ ACCOUNT NO:_____

EMAIL ADDRESS:_____

STATEMENT EMAIL ADDRESS(ES):_____

_____

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL WYOMING SUGAR COMPANY HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD WYOMING SUGAR COMPANY A REASONABLE OPPORTUNITY TO ACT ON IT.

NAME:_____ DATE:_____

SIGNATURE:_____