
Golden Growers Cooperative

Automated Clearing House (ACH) Authorization Form

Electronic Credit/Debit Authorization Form

I (we) hereby authorize **GOLDEN GROWERS COOPERATIVE** to initiate *electronic* 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 GOLDEN GROWERS COOPERATIVE is notified by me (us) in writing to cancel it in such time as to afford GOLDEN GROWERS COOPERATIVE and THE FINANCIAL INSTITUTION a reasonable opportunity to act on the request.

Golden Growers Member Information

Golden Growers Member Name	Member Number
Golden Growers Member Address	Member Phone
City, State & Zip	Member Email
Authorized Member Name (print)	
Authorized Member Signature	Signature Date

Financial Institution Information

Name of Financial Institution	Phone Number
Address of Financial Institution – Branch	
City, State, & Zip	
Name on Checking/Savings Account: _____	
Financial Institution Routing Number: _____	
Checking/Savings Account Number: _____	

IMPORTANT: Please attach voided check and return form to:
Golden Growers Cooperative
1002 Main Ave W, Suite 5
West Fargo, ND 58078-1421