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# Golden Growers Cooperative

## Automated Clearing House (ACH) Authorization Form

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### *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(s)	Member Number
Golden Growers Member Address	Member Phone
City, State & Zip	Member Email
Member Signature / Authorized Member	Signature Date
Joint Member Signature	Signature Date

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#### **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