



AUTHORIZATION FOR DIRECT PAYMENT

I authorize Watonwan Farm Service Company and the financial institution named below to initiate entries to my checking/savings/operating loan account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution or WFS at least three (3) days before my account is charged.

(Name of Financial Institution) (Branch)

(City) (State) (Zip)

(Signature) (Date)

(Name – Please Print)

Address – Please Print)

Account No. _____ Checking (✓) _____ Savings (✓) _____ Operating Line (✓) _____

Financial Institution Routing Number: _____
(between these symbols |: |: on the bottom left of your check)

◆ Staple voided check to form when sending in ◆
Mail to: WFS, Attn: Priscilla Horsman, PO Box 68, Truman, MN 56088

RETAIN THIS PORTION FOR YOUR RECORDS

On _____ (date) I authorized Watonwan Farm Service Company to initiate electronic entries to my checking/savings/operating line account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to WFS, PO Box 68, Truman, MN 56088.