

CentralStar Cooperative, Inc.

ACH Authorization Form for Auto-Pay

CentralStar Customer Account #: _____

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize CentralStar Cooperative, Inc. to initiate entries to my (our) checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until CentralStar Cooperative, Inc. is notified by me (us) in writing to cancel it in such time as to afford CentralStar Cooperative, Inc. and my (our) financial institution a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Signature)

(Date)

(Name as it appears on your bank account- PLEASE PRINT)

(Address as it appears on your bank account- PLEASE PRINT)

Set Amount: _____ or Maximum Amount: _____ or Statement Amount: _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ
Routing Number Account Number