

# Cornette Farm Supply, Inc.

## Automatic Payment Authorization

I (we) hereby authorize Cornette Farm Supply, Inc. to automatically transfer amounts due sufficient to meet product delivered as indicated below.

### Account Information

Original Credit Limit: \_\_\_\_\_ Account Number: \_\_\_\_\_

Agreement Dated: \_\_\_\_\_

Customer Name, Address & Telephone:

\_\_\_\_\_  
\_\_\_\_\_

### Payment Information

First Automatic Payment Date: \_\_\_\_\_

Initial Payment Amount (payment amount may vary): \_\_\_\_\_

Frequency (payment frequency may vary): \_\_\_\_\_

### Deposit Account Information

Deductions shall be made from the following deposit account: **(MUST attach a voided check.)**

Financial Institution Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing/ABA Number: \_\_\_\_\_

Type of Account (Checking or Savings): \_\_\_\_\_

The undersigned account holder(s) will maintain sufficient funds in the above referenced Deposit Account to pay the full amount of each payment on the date it is due. This authorization allows Cornette Farm Supply to initiate the debit entries indicated above and to initiate if necessary, any reversal entries and adjustments for entries made in error to the account indicated above. This authority is to remain in full force and effect until Cornette Farm Supply, Inc. has received written notification from me (or either of us) of its termination in such time to afford Cornette Farm Supply, Inc. and Denmark State Bank reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number