



5850 Balsam Dr.
Hudsonville, MI 49426
877-669-5170

Customer Authorization for Direct Payment via ACH

Direct Payment via ACH is the transfer of funds from a customer account for the purpose of making a payment.

I (we) _____ authorize **CEDAR CREST DAIRY**
(Customer Name)

To electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows: (please check one)

_____ Checking Account or _____ Savings Account

At the financial institution named below ("Bank"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Bank Name _____

Name on Account _____

Routing Number _____

Account Number _____

Amount of debit(s) or method of determining amount of debit(s) of specify a range of acceptable dollar amounts authorized: _____

Date(s) and/or frequency of debit(s): _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify **Cedar Crest Dairy** in writing that I (we) wish to revoke this authorization. I (we) understand that **Cedar Crest Dairy** requires five (5) business days prior notice in order to cancel this authorization. I (we) understand a fee may be charged should the funds not be available on the authorized date(s).

Authorized Signer: (please print) _____

Signature: _____

Date: _____

Cedar Crest Dairy agrees to abide by NACHA rules and keep this information confidential.

Cedar Crest Dairy Office Use

CU # _____ Bank Verification Date _____