



5850 Balsam Dr.  
Hudsonville, MI 49426  
1-877-262-5709

### 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 \_\_\_\_\_