

RECURRING ACH  
PAYMENT  
AUTHORIZATION FORM



I, \_\_\_\_\_, authorize SIOUX VALLEY COOPERATIVE with an address of  
8 10<sup>TH</sup> ST NW WATERTOWN, SD 57201 to make a recurring debit from my:

\_\_\_\_ Checking Account    \_\_\_\_ Savings Account

for payment on my FUEL/CARDTROL bill. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

ACCOUNT NUMBER: \_\_\_\_\_

NAME ON SVC ACCOUNT(PLEASE PRINT): \_\_\_\_\_

DATE: \_\_\_\_\_

FINANCIAL INSTITUTION NAME (PLEASE PRINT): \_\_\_\_\_

ACCOUNT NUMBER AT FINANCIAL INSTITUTION: \_\_\_\_\_

FINANCIAL INSTITUTION ROUTING/TRANSIT NUMBER: \_\_\_\_\_

FINANCIAL INSTITUTION CITY AND STATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(PLEASE STAPLE VOIDED CHECK)