



## AUTHORIZATION FOR GRAIN DIRECT DEPOSIT

I hereby authorize **Crystal Valley** to direct deposit grain checks using the deposit account number and bank routing number listed under the account below. This authority will remain in effect until I notify you in writing to cancel it, allowing the financial institution sufficient time and reasonable opportunity to act on it. In the event **Crystal Valley** deposits funds erroneously into my account, I authorize **Crystal Valley** to debit my account for an amount not to exceed the original amount of the erroneous deposit.

### Bank Deposit Information

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

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account (Circle One):      Checking                  Savings

Crystal Valley Account #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Authorized Signature (print): \_\_\_\_\_

Authorized Signature (sign): \_\_\_\_\_

Date: \_\_\_\_\_

**Staple Voided Check Here**