



ACH Recurring Payment Authorization Form

Kanza Cooperative Association now offers customers the option of paying their account balance via electronic funds transfer from their checking or savings account. If you choose this payment option, you will continue to receive your monthly statement on approximately the first week of the month, and the electronic transfer from your bank account will take place on the 25th of the month.



Please complete the information below:

I _____ authorize Kanza Cooperative Association to charge my bank account indicated below on the 25th day of the month for payment of my statement balance.

Kanza Account # _____

Customer Name _____

Billing Address _____

City, State, Zip _____

Phone _____

Email _____

Account Type: Checking Savings

Name on Account _____

Bank Name _____

Account Number _____

Routing Number _____

PLEASE INCLUDE A VOIDED CHECK TO CONFIRM INFORMATION.



SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Kanza Cooperative Association in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Kanza Cooperative Association may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

If you have any questions, please contact Monica Lubbers at 316-444-2141 extension 218.

Please return completed form to Kanza Cooperative Association, PO Box 18, Andale, KS 67001