



ACH Authorization Form

Kanza Cooperative Association is utilizing electronic fund transfers. To elect in electronic transfers, please complete and sign this form to authorize Kanza Cooperative Association to electronically debit or credit your designated bank account. Return form to the address shown below upon completion:

Kanza Cooperative Association
Attn: Mickaela Holmes
PO Box 175
Iuka, KS 67006-0175

Kanza Account Name: _____
(The name listed above must exactly match the customer record on file with Kanza Coop or it will not be processed.)

Kanza Account Number (if known): _____

Bank Information

Financial Institution Name: _____

Address: _____

Routing Number (9 digits): _____

Bank Account Number: _____

Type of Account (Please check one): Checking Savings

To ensure accuracy, please include a copy of a voided check or bank letter confirming routing and account information.

To pay monthly account balance electronically, please choose one of the following options:

- I authorize Kanza Cooperative Association to auto-deduct my bank account on the 25th of each month in the amount due as indicated on my monthly statement, or
- I authorize Kanza Cooperative Association to debit my bank account for the amount that I have scheduled through my online customer portal.

To receive grain deposits electronically:

- I authorize Kanza Cooperative Association to credit my bank account for the grain sale amount owed to me.

Contact Information

Please let us know who we should contact if there are any questions regarding this form.

Contact Name: _____ Phone # _____

By signing below, I am authorizing the financial institution listed above can provide information regarding the designated account to a representative of Kanza Cooperative Association. I further represent that I am authorized to sign this agreement on behalf of the person or entity listed above. This authorization shall remain in effect unless and until revoked in writing by an authorized representative of client and until Kanza Cooperative Association has received such notice and has had reasonable time to act upon such notice.

I hereby authorize Kanza Cooperative Association to initiate automatic deposits and/or withdrawal to my designated account at the financial institution as selected above. I also authorize Kanza Cooperative Association to make withdrawals from this account in the event a credit entry was made in error.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

If you have any questions, please contact Mickaela Holmes at (800) 536-5614 extension 305.