



## **AUTHORIZATION FORM FOR DIRECT DEPOSIT ACH CREDITS**

I hereby authorize HEALTHY GRAIN AND SEED, LLC, hereinafter called COMPANY, to initiate credit entries for Direct Deposit to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

### **FINANCIAL INSTITUTION INFORMATION**

**Financial Institution Name:** \_\_\_\_\_

**Branch/Location:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

### **ACCOUNT INFORMATION**

**Type of Account:**  Checking  Savings

**Account Name:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

### **AFFILIATE AUTHORIZATION**

**Print AFFILIATE Name:** \_\_\_\_\_

**Affiliate Username/ID:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Why do we need this information? *This is our way of making a payment to you via direct deposit once commissions are made available.*