

\_\_\_\_\_  
Healthy Grain and Seed, LLC Customer Account Number

**AUTHORIZATION TO CANCEL AGREEMENT FOR PRE-AUTHORIZED  
PAYMENTS (ACH RECURRING ENTRY DEBITS)**

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I (we) hereby authorize Healthy Grain and Seed, LLC. to CANCEL recurring debit entries to my (our)

CHECK ONE:    \_\_\_ checking account                      \_\_\_ savings account

Indicated below and the depository name below, hereinafter called DEPOSITORY, to cancel 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.

\_\_\_\_\_  
YOUR BANK NAME

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
BANK ROUTING TRANSIT/ABA NUMBER

(Nine digit number at the bottom of the check on left-hand side)

\_\_\_\_\_  
BANK ACCOUNT NUMBER

NAME (S):

DATE:

\_\_\_\_\_  
Return this form via

Mail it to:

Healthy Grain and Seed, LLC.

P.O. Box 1712

Jacksonville, TX 75766

Or Email to:

Info@healthygs.com