



PO Box 548

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TOWN & COUNTRY CREDIT UNION

AUTHORIZATION FOR AUTOMATIC PAYMENTS

I (we) authorize Town & Country Credit Union on behalf of Good Growing Enterprises to initiate a () debit or () credit from/to my (our) () checking or () savings account at the financial institution named below. I (we) also authorize Town & Country Credit Union to initiate, if necessary, a debit or credit entry to correct or adjust any entry made to my (our) account in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name of Financial Institution

City State

Financial Institution Routing Number *Checking Acct Number or Savings Acct Number

Member Name/Business Name

*Please provide a voided blank check for our banking records.

Your account will be debited/credited for each individual weekly invoice.

MEMBER OFFSET INFORMATION – FOR TOWN AND COUNTRY CREDIT UNION USE

Credit Union Routing Number _____ Credit Union Account Number _____

This Authority will remain in effect until I (we) notify, in person or in writing, Town & Country Credit Union to cancel the authorization in such time as to afford Town & Country Credit Union a reasonable opportunity to act on it.

I (we) have been given a copy of this authorization for my (our) records.

Signature of member Date