

AUTOMATED CLEARINGHOUSE (ACH) VENDOR PAYMENT AUTHORIZATION FORM

I authorize CoBank or Farm Credit Leasing and the referenced financial institution to automatically deposit payments due me from CoBank or Farm Credit Leasing to the bank account identified below. This authority will remain in effect until CoBank or Farm Credit Leasing receives written notice to cancel it.

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number w/ Area Code: _____

Financial Institution: _____

Address: _____

City _____ State: _____ Zip Code: _____

Bank Account Number: _____

Type of Account: Checking Savings

Transit Routing (ABA) Number: _____

Email for payment notification: _____

Authorization Signature: _____

Date: _____

CoBank Use Only:

I have verbally verified the ACH information listed with the vendor contact.

Signature: _____ Date: _____

*Return form and either a voided check or bank account confirmation on bank letterhead to **accountspayable@cobank.com** and **vendor@cobank.com**.*