



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

Complete the Patron and Bank Information sections below and then either mail to Equity at P.O. Box 1003, Baraboo, WI 53913; fax to Equity at 608-356-0117; or drop off at a market location. Do NOT email the completed application.

Patron Information

Patron/Business Name(s): _____

Address: _____

City, State, & Zip: _____

Email Address(es): _____

Home Phone No.: _____ Cell Phone No.: _____

I (we) hereby authorize Equity Cooperative Livestock Sales Association to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to my (our) account and the depository named below, to credit and/or debit the same to such account.

Patron Signature(s): _____

Bank Information

Bank Name: _____

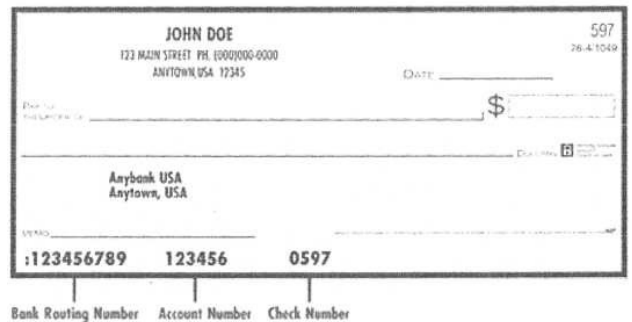
Address: _____

City, State, & Zip: _____

Phone No.: _____

Bank Routing No.: _____

Your Account No.: _____



Check One: Checking Account Savings Account

*** Please attach a voided check or photocopy of a check to ensure proper bank information. ***

Baraboo Office Use Only

Patron Number: _____ Liens: Yes or No Date Submitted to Bank: _____

Completed By: _____ Splits: All or None Date Patron Notified: _____

Approved Denied (reason: _____)