

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.:	Phone No.:		
I (we) hereby authorize Equity Coop initiate, if necessary, debit entries ar and the depository named below, to	nd adjustments for any o	credit entries in error, to my (our)	
Patron Signature(s):			
~~~~~~	Bank Informa	tion	~~~
Bank Name:			
Address:	1	JOHN DOE  122 MAIN STREET PM, E000/000-0000 ANTOWN USA 17245 COATE	597 26.4 1049
City, State, & Zip:	1	Party Constitution (a. )	1
Phone No.:	I	Anybonk USA Anytown, USA	Dea Cottes D Section and
Bank Routing No.:		:123456789 123456 0597	
Your Account No.:	8	ank Routing Number Account Number Check Number	
Check One: ☐ Checking Acco	ount 🗆 Savings A	ccount	
** Please attach a voided check	or photocopy of a che	eck to ensure proper bank inform	nation. **
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Baraboo Office Us	se Only	~~~
Patron Number:	Liens: Yes or No	Date Submitted to Bank:	
Completed By:	Splits: All or None	Date Patron Notified:	
☐ Approved ☐ Denied (re	ason:		

Form Updated: November 2023