



Premier Cooperative, Inc.

2104 W. Park Court
Champaign, IL 61821

Ph. (217) 355-1983 Fax (217) 599-0287

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Premier Cooperative, Inc.** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Premier Cooperative, Inc.** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Premier Cooperative, Inc.** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Premier Cooperative, Inc.** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to Customer Accounts at the address above.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Customer Name: _____

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Email Address: _____

* **Please include a voided check or deposit slip and return this form to Customer Accounts.**

If you have a savings account or a checking account without checks/deposit slips please provide a note from your bank, statement copy, or screenshot verifying bank name, customer name, and full routing and account number.