



NEW HORIZONS SUPPLY COOPERATIVE

770 Lincoln Avenue • Fennimore WI 53809 • Phone (608) 822-3217

AUTHORIZATION AGREEMENT For Automatic Withdrawals (debits)*

I (we) hereby authorize New Horizons Supply Cooperative, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit it and/or credit the same to such account.

Depository Name (and branch) _____
City State Zip _____

Transit/ABA Number _____

Account Number _____
Type of Account Checking Savings

Debit Amount \$ _____ per month or
 my New Horizons account balance.

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Customer Name(s) (print) _____

New Horizons Account # _____

Customer(s) Signature _____
and title, if applicable _____

Date _____

*New Horizons recommends first taking this form to your bank for assistance and completion. Then return or mail the completed and signed form to New Horizons at the above address. Thank you!