



NEW HORIZONS SUPPLY COOPERATIVE

CHECK BY TELEPHONE AUTHORIZATION

AUTHORIZATION – Please fill out and return to:

**NEW HORIZONS SUPPLY COOPERATIVE
1775 4TH Street
Fennimore, WI 53809
1-800-321-2128 or (608) 822-3217
Fax (608) 822-3225**

I (we) hereby authorize New Horizons Supply Cooperative, hereinafter called COMPANY, to initiate debit entries and 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.

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

Date _____ **CHECKING ACCOUNT** **SAVINGS ACCOUNT**

Financial Institution _____ **Branch** _____

City, State _____

Bank Account Number _____

Customer Name (s) (print) as on Bank account _____

New Horizons Account # _____

Customer (s) signature
And title, if applicable _____

STAPLE VOIDED CHECK TO THIS FORM