

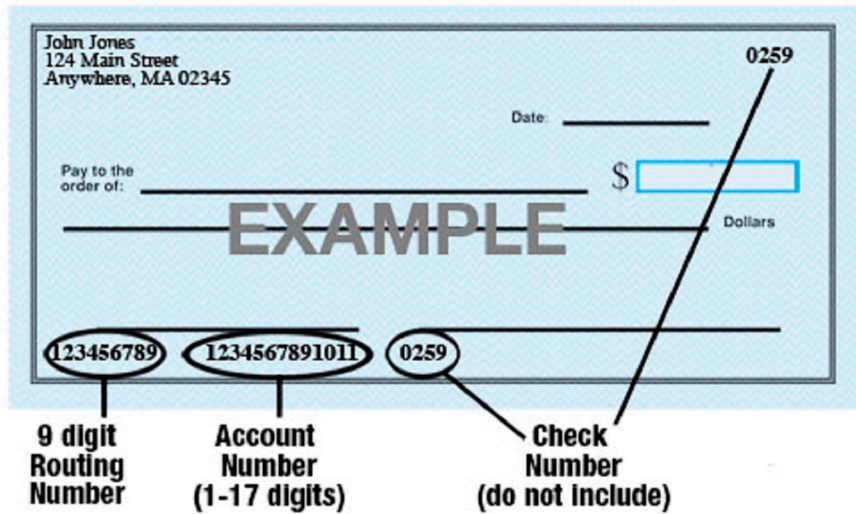
Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Circle One)

Please attach a voided check for bank account to which funds should be deposited.

Middlebury Milk Cooperative is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it **in writing**.

Producer Signature: _____ Patron # _____

Date: _____