

Middlebury Cooperative Milk  
Producers Association, Inc.  
301 East Main Street ▪ Room 3 ▪ Knoxville, PA 16928  
(814) 326-4357 ▪ Fax: (814) 326-4381  
[wattlesj13@gmail.com](mailto:wattlesj13@gmail.com) ▪ [lesleyollies@gmail.com](mailto:lesleyollies@gmail.com)

---

**Standard Milk Assignment Form**

To: Middlebury Cooperative  
Milk Producers Assoc., Inc.  
301 E. Main St., Room 3  
Knoxville, PA 16928

From: \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_  
Producer No.: \_\_\_\_\_

To Whom It May Concern:

You are hereby authorized and directed to deduct, per month, from any sums which may become due and owing me for milk delivered to Middlebury Co-op the sum of \$\_\_\_\_\_ and pay to:

---

---

---

Said deduction and payments effective for the **milk produced** in the month of \_\_\_\_\_, 20\_\_\_\_, and shall continue until written notification is given by \_\_\_\_\_, or the undersigned.

In consideration of the acceptance of this authorization by Middlebury Cooperative Milk Producers Association, Inc. and payments made thereunder, it is understood and agreed that Middlebury Cooperative Milk Producers Association, Inc. shall incur no liability whatsoever for failure to make deductions and payments as herein specified.

**Producer:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

---

**Acceptance**

The undersigned association, by and through its duly authorized officer, hereby consents to and accepts the above assignment and agrees to make said deductions and payments therein provided when due and payable thereunder but accepts no liability for failure to make said deductions and payments.

*Middlebury Cooperative Milk  
Producers Association, Inc.*

---

Date: \_\_\_\_\_