

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 ▪ lesleyollies@gmail.com

Pension Match Deduction

Producer Name: _____
Producer #: _____
Pension Acct Name: _____
Acct #: _____
Attention To: _____
Address: _____
Town: _____
State: _____ Zip: _____
Amount Per/Cwt Held: _____
Co-Op Match Per/Cwt: _____ \$0.02

Said deduction and payments effective for the **milk produced** in the month of _____, 20____, and shall continue until written notification is given by 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 Signature: _____