



19217 Hwy 34
PO Box 249
Barnesville, MN 56514
1-800-548-2799
218-354-7163 (Fax)

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

_____	_____		
Customer Name	FED I.D. #		
_____	_____		
Street			
_____	_____		
P.O. Box	FAX		
_____	_____		
City	State	Zip	Telephone No.

_____ (“Customer”) does hereby authorize Dean’s Bulk Service, Inc. to initiate debit and/or credit entries to Customer’s checking account indicated below and does further authorize the depository institution named below to debit and/or credit such entries to the customer’s account.

Bank Name _____

Bank Address _____

Bank Address _____

Bank Routing Number _____ (ATTACH COPY OF VOIDED CHECK)

Customer Bank Account Number _____

Bank Contact Person _____

Bank Telephone Number _____

This authorization shall remain in effect until terminated upon thirty (30) days’ written notice by either Customer or Dean’s Bulk Service, Inc. Notice of termination shall in no way affect debit and/or credit entries initiated prior to actual receipt of notice. This EFT program can be terminated or modified by Dean’s Bulk Service, Inc. at any time.

All credit and other terms and requirements between Customer and Dean’s Bulk Service, Inc. remain in effect.

CUSTOMER AUTHORIZATION:

_____	_____	_____
Authorized Signature	Title	Date
_____	_____	_____
Authorized Signature	Title	Date

Please complete this form and return the original to our billing office. The yellow copy should be retained for your records.

Upon receipt of this fully executed EFT Authorization Agreement, you will be informed by letter of the effective date that drafts will begin against your account. All charges and credits to your account prior to the EFT date must be paid by check.