

PRODUCERS

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Email: plma1@plmcoop.com - Internet: www.ProducersLivestock.net

ACH DEPOSIT AUTHORIZATION FORM

I authorize **PRODUCERS LIVESTOCK** and the financial institution listed below to automatically deposit my *Account of Sale Proceeds* into my account (this includes my authorization to **PRODUCERS LIVESTOCK** to reverse any entries made in error). This authority will remain in effect until I give written notice to **PRODUCERS LIVESTOCK** or if the account remains without transactions with **PRODUCERS LIVESTOCK** for a period of four years. If any information below should change after completing this form, I will notify **PRODUCERS LIVESTOCK** immediately of such change(s).

Note: *If you currently have more than one lien holder, unfortunately our ACH Deposit Service can not be provided.
Funds deposited by ACH are available in your account 2 Business Days* after the date of settlement
*Except for Bank Holidays**

CUSTOMER INFO: (please print)

Name and Business Name (if applicable)

Address

City

State

Zip Code

Phone Number

For Office Use:
Customer #

Is there currently a lien filed on your livestock? Yes No

If Yes, provide the following:

Institution Name

Contact Name

Phone Number

Primary BANK INFO: (please print)

Financial Institution

Bank Contact Name

Location (Branch)

Contact's Phone Number

City

State

Zip Code

Account Type: Checking Account

Savings Account

Account Number: _____

Bank Routing Number: _____

For Office Use:
Bank Authorization:

By _____

Date _____

Entered in database

Custodial

General

Credit

Other

Entered by _____

Note: *You must attach a Voided Check (not a deposit slip) for this account to process this request.*

Account Holder's Signature

Name Printed

Date

Title