

Rock Valley Admin Office
PO Box 37
Rock Valley, IA 51247
Ph. (712) 451-6280
Fax: (712) 476-5324



Ocheyedan Admin Office
PO Box 69
Ocheyedan, IA 51354
Ph. (712) 758-3636
Fax: (712) 758-3635

Authorization for Electronic Payment

I hereby authorize direct deposit of my payment from **Cooperative Farmers Elevator** to my

Check one:

Checking Account _____

Savings Account _____

At: Depository Name _____

City _____

Routing Number _____

(Routing number may be obtained by your financial institution, or you may attach a voided check.)

Account Number _____

Customer Name _____

Please print

Customer Signature _____

Date _____

All future payments will be an ACH, unless written notice is provided to CFE to discontinue the service.