

## **DIRECT DEPOSIT AUTHORIZATION**

*I hereby authorize Wooster Local Foods Cooperative Inc. to initiate credit entries for payment of services or merchandise and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account listed below.*

**Company** \_\_\_\_\_

**Individual** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

### ***ACCOUNT***

**Name of Financial Institution** \_\_\_\_\_

**Routing Number** \_\_\_\_\_

**Account Number** \_\_\_\_\_

### **Check One**

- |                          |                         |
|--------------------------|-------------------------|
| <input type="checkbox"/> | <b>Checking Account</b> |
| <input type="checkbox"/> | <b>Savings Account</b>  |

*The account information on this form will be used to send only credits to the company/individuals account. However, in the case of an error, Wooster Local Foods Cooperative Inc. reserves the right to use this information to send a reversing debit to this account.*

*This authority is to remain in full force until Wooster Local Foods Cooperative Inc. has received written notification from above named of its termination or change in such timely manner as to afford Wooster Local Foods Cooperative Inc. a reasonable opportunity to act on it.*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_