



Direct Debit Authorization Agreement

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name New Balance Commodities Company ID Number 20-4729771

I (we) hereby authorize New Balance Commodities, hereinafter called COMPANY, to initiate debit entries to my (our) ••Checking Account. Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name_____	Branch_____
City_____	State_____ Zip_____
Routing Number_____	Account Number_____
Type of Account [] Checking	
This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.	
Name(s)_____	
Date_____	Signature_____
NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	

TAPE YOUR VOIDED CHECK HERE

NOTE: Always get the Financial Institution Number from a check, never use the information from a deposit slip

*Please fax completed and signed ACH form to 712-785-3699 or mail to 2320 Birch Ave, Nodaway, IA 50857