

2350 East State Road 44 Shelbyville, IN 46176

Phone 317-392-5677 Fax 317-421-2089

## AUTO-PAY Request Form

To initiate ACH electronic transfer for payment after delivery from your checking/savings account, please provide the following information and your signature. **PLEASE PRINT**Section A: Account you would like to transfer funds for your delivery

Financial institution name:		
Account type: Checking	Savings	and the State Committee Co
Routing number:		42734568894 2734564590490455
Account number:		
Routing number Account number  I have attached voided check or letter from my financial institution to verify account detail		
Section B: Transfer informatio	n	
Transfer start date: _Date of 1st deli	<u>very</u>	
Recurring transfer after each del	ivery until customer notifies us to	o end ACH
	k or letter from my financial inst	•
I prefer my statement to be emailed OR mailed to me each month		
*Please allow up to two business days t	or submitted requests to be process	sed.
Section C: Signature		
Customer Number:	Phone:	· · · · · · · · · · · · · · · · · · ·
Printed name:	Signature: _	
Date:	For security reasons, please provide the account users Social Security or Driver's License number:	

By signing above: I (we) authorize SHELBY COUNTY CO-OP (hereinafter called COMPANY) to initiate credit entries to my (our) account with the COMPANY by debiting the account indicated on the above referenced account number. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until Company has received written notification from me (or either one of us) of its termination in such time and in such manner as to afford Company reasonable opportunity to act on it.

## SUBMIT REQUEST VIA EMAIL OR MAIL TO THE FOLLOWING:

EMAIL: k.crouch@shelbycoop.com

MAIL: Shelby County Co-op ~ Attn: ACH transfers 2350 E St Rd 44, Shelbyville, IN 46176