



DIRECT DEPOSIT AUTHORIZATION

Member # _____
Member Name _____

DIRECTIONS:

Please read and sign the below authorization statement. You must return this form, along with a **void check** to:

Cotton Growers Cooperative
101 Sigma Drive
Garner, NC 27529

AUTHORIZATION:

I hereby authorize Carolinas Cotton Growers Cooperative, Inc. to execute direct deposits for all payments due the above noted vendor. This authorization will remain in effect for all future payments until terminated in writing.

Signature

Date

Title

To be completed by Cotton Growers Cooperative only:

Marketing Approval & Lien Review _____

Accounting Approval

ACH Review

New _____ (No record on file)

Edit _____ (Record on file)

DD Flag Review _____ (Not set for DD pending prenote)

Acct. Clearance _____ ABA # _____

Acct. # _____

Applied to AS400 _____