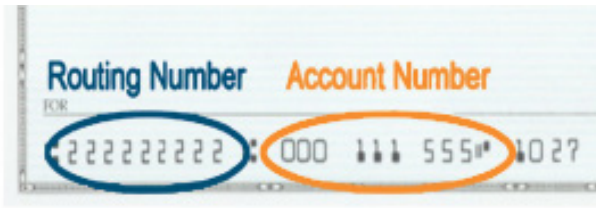
CENTRAL VALLEY AG

ACH RECURRING PAYMENT AUTHORIZATION FORM

Central Valley Ag (CVA) now has the option of making payment on your account by electronic funds transfer from your checking or savings account. If you choose this option of making a payment, you will continue to receive your monthly statement on approximately the 4th of the month, and the electronic transfer from your bank account will take place on the 20th of the month.

I, (full name) _____, authorize Central Valley Ag Cooperative to charge my bank account indicated below on the 20th day of the month for payment of my statement balance.

Account Number	
Customer Name	
Billing Address	
City, State, Zip	
Cell Phone	
Email	

Account Type	☐ Checking ☐ Savings	
Name on Account		
Account #		
Bank Routing #		
Bank City/State		
***Monthly Max Amount**		

**While CVA will only ever draft your statement balance, our new system requires a maximum draft amount to be specified during setup as a safety threshold. Please consider the highest dollar amount you might spend in a peak season month when filling this out.*

Applicant's Signature: _____ Date: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Central Valley Ag in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non -Sufficient Funds (NSF) I understand that Central Valley Ag may at its discretion attempt to process the charge again within 30 days, and agree to an additional **$30.00** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Please return completed form to Central Valley Ag in the enclosed return envelope.