

**ACH AUTHORIZATION  
FOR AUTOMATIC PAYMENT (ACH DEBIT)**



915 Okoboji Avenue, P.O. Box 299  
Milford, Iowa 51351  
O: 712-338-2886 | 866-475-7587  
F: 888-849-1507

**Company Name:** Prairie Feed & Trucking, LLC      **Company ID #:** \_\_\_\_\_

I (we) hereby authorize Prairie Feed & Trucking, LLC, hereinafter called Company, to initiate debit entries to my (our) [ ] Checking [ ] Savings account (select one) indicated below and the depository financial institution named below, hereinafter called Depository.

Depository Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ABA/Routing No: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Savings Account #: \_\_\_\_\_

Personal Account      *or*       Business Account

This authority is to remain in full force and effect until Company and Depository 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.

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH A VOIDED DEPOSIT SLIP VERIFYING THE  
FINANCIAL INSTITUTION ABA NUMBER AND ACCOUNT NUMBER**