



FOR COMPANY USE ONLY

Account Name _____

250 _____

Electronic Withdrawal Agreement Form

Authorization Agreement

CHS Inc. offers the convenience of Electronic Bank Withdrawal for your Energy account.

Note the many Advantages:

*** No Late Fees *No Finance Fees *No Check Writing *No Trips to the Post Office**

I hereby authorize **CHS** to make withdrawals from my account at the financial institution named below.

This agreement will remain in effect until **CHS** receives a written notice of cancellation from me or until I submit a new authorization agreement form to the Accounts Receivable Department at CHS.



Customer Name (please print) _____ CHS ACCOUNT # _____

BANKING INFORMATION

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Amount of Withdrawal: _____

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check and return this form to:

**CHS
PO Box 230
Herman MN 56248**

**Any questions, contact the Herman location
at 1-800-642-1077 or 320-677-2251**