



ACH AUTHORIZATION FORM

CountrySide Cooperative is pleased to offer our customers the ability to schedule their ACH payments on our customer portal. This option allows the customer to choose specific invoices or a specific amount to pay as well as schedule the payment date.

Please complete the form below and return to CountrySide Cooperative. If you have questions regarding this option, please contact Tawni at (715) 672-8947, ext. 1142.

Please print legibly:

NAME: \_\_\_\_\_ COUNTRYSIDE COOP ACCT.# \_\_\_\_\_

2<sup>ND</sup> NAME ON ACCT (if applicable): \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

FINANCIAL INSTITUTION NAME: \_\_\_\_\_

ROUTING #: \_\_\_\_\_ CHECKING/SAVINGS ACCT #: \_\_\_\_\_

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

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

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

(second signature if applicable)

**Please return completed form:**

- **Via e-mail:** [tannette@countrysidecoop.com](mailto:tannette@countrysidecoop.com)
- **Via U.S. Mail:** CountrySide Cooperative  
Attn. Tawni Annette-Vodnik  
514 East Main Street, PO BOX 250  
Durand, WI 54736