



928 South Massachusetts Avenue ♦ P.O. Box 8 ♦ Matthews, Indiana 46957 ♦ (765) 998-2743

## Matthews Feed & Grain, Inc Customer ACH Agreement

### **Bank Information:**

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Contact & Phone #: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Account #: \_\_\_\_\_

As a duly authorized check signer on the financial institution account identified above, I authorize Matthews Feed & Grain Inc to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified above for payments due or when applicable, apply electronic funds transfer credits to the same. This applies to all electronic payments

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), I authorize Matthews Feed & Grain Inc to collect a return item fee of \$20.00 per item by electronic debit from my account identified above.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified above.

I authorize and understand all of the above and give Matthews Feed & Grain Inc the authority to withdrawal payment from the above account 48 hours of invoicing my account.

Authorizing Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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