

DIRECT DEPOSIT FORM FOR
PRODUCERS/VENDORS

Instructions Producer: Please fill out the form and return to Whidbey Island Grown Cooperative. (foodhub@whidbeyislandgrown.com)

This document must be signed by Producer Members/Vendors requesting automatic deposit of producer payments and will be retained on file by Whidbey Island Grown Cooperative. Please **attach a voided check** for your account to help verify your account numbers and bank routing numbers.

Account Information Account type:

Checking Savings

Name of Bank: _____

Bank routing number (ABA number): _____

Account number: _____

*Please attach a voided check for the
account*

Authorization This authorizes Whidbey Island Grown Cooperative to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until Whidbey Island Grown Cooperative receives a written termination notice from myself and has a reasonable opportunity to act on it.

Business Name: _____

Owner/Agent Name:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

[ATTACH CHECK]

Authorized signature: _____

Date: _____