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515-388-4344  
515-388-4589 (Fax)

Box 250  
Sully, Iowa 50251  
641-594-4115  
594-4114 (fax)

**Authorization to Honor Debits**

Customer Name: \_\_\_\_\_

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

I (we) authorize KEY COOPERATIVE to initiate entries to debit (withdraw funds) my (our) account described below. This authority is To remain in full effect and force until KEY COOPERATIVE and the financial institution has received written notification from me (us) of its termination in such time and manner as to afford KEY COOPERATIVE and the financial institution a reasonable opportunity to act on it. I

(we) also agree to attach a voided check along with this agreement if applicable. This EFT/ACH transaction will occur on the **date you select below**. If the withdrawal day falls on a weekend or national holiday, the transaction will take place on the next business day. Any adjustments done during the month will be reflected on the next statement and associated EFT/ACH payment.

KEY COOPERATIVE also reserves the right to correct any incorrect debits or credits to the account listed below by making the Appropriate debit or credit to the account.

**EFT/ACH Transaction Date (choose one):**

For the **full statement balance**:

15<sup>th</sup> Business Day

25<sup>th</sup> Business Day

**Checking/Savings and Credit Card Account Information:**

Checking/Savings Account Number: \_\_\_\_\_

Financial Institution's Name: \_\_\_\_\_

Financial Institution's Address: \_\_\_\_\_

Attach a voided check and provide the Financial Institution's Routing No.: \_\_\_\_\_

(Nine digit number usually between these symbols | : | on the bottom left of your check)

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

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

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**Authorization to Honor Debits by Credit Card for Budget Bill payment only:**  5<sup>th</sup> Calendar Day

Cardholder Name: \_\_\_\_\_

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

Credit Card Type (Circle One):            VISA            MASTERCARD            DISCOVER

Credit Card Number: \_\_\_\_\_

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

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

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

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Return to: KEY COOPERATIVE Credit Department