



DEALERSHIP AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

Instructions:

Complete all fields and fax this form along with a **voided check** or **account deposit form** to (402) 661-3399, **OR** mail all forms to Farm Credit Services of America/AgDirect, PO Box 2409, Omaha, NE 68103-2409. Please retain a copy for your records.

NOTE: This request may take up to five business days to process. You will receive your electronic payment within three business days of the applicable signed financing documents being received by AgDirect.

Dealership Name: _____ Federal Taxpayer ID. No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Dealer Contact Name: _____

Other locations this applies to: (list by city/state): _____

Preferred Method of Direct Deposit Notification: Email _____ Fax _____

I hereby authorize Farm Credit Services of America and Farm Credit Leasing Services Corporation ("FCL", including its parent company CoBank, ACB) to initiate credit entries to my account indicated below and the depository institution named below to credit the same to such account.

Financial Institution Name: _____

City, State, Zip: _____

Financial Institution Transit/ABA No.: _____

Account Type & No. (**Check ONE box**) Checking # _____ Savings # _____

This authority is to remain in full force and effect until Farm Credit Services of America and Farm Credit Leasing Services Corporation ("FCL", including its parent company CoBank, ACB) has received written notification from me of its termination in such time and manner as to afford Farm Credit Services of America and FCL a reasonable opportunity to act on it.

Signature: _____ Date: _____

Place Copy of a Voided Check Here