



New Vision Co-op

38438 210th Street Brewster MN 56119 - 507-842-2020 / www.newvision.coop

ACH Authorization Form

I (we) authorize New Vision Co-op (the "Company") to initiate variable entries to my (our) account as described below:

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Financial Institution Name: _____

Financial Institution Address: _____

Financial Institution Routing / ABA # _____ (9-digit number)

Checking Account # _____ Savings Account # _____

(Please note: For accuracy, it is recommended that a voided check or voided savings deposit slip be attached to this form)

This authority is to remain in full force and effect until the Company has received written notification of its termination in such time and manner to afford the Company a reasonable opportunity to act on it.

Signature: _____ Date: _____

Print Name: _____ Print Title: _____

Telephone: _____ Billing Account # (Optional): _____

_____ Yes, I would like invoices sent to me by e-mail. Email: _____

Your prompt response is appreciated. Thank you for your time and cooperation.

Please fax back to: 507-842-5243 or email to: feed-orders@newvision.coop

For questions please call 1-507-842-2020.

"Service and Value Everyday"