



## ACH AUTHORIZATION FORM

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.

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

### CUSTOMER INFORMATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Financial Institution Routing/ABA Number: \_\_\_\_\_

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

### AUTHORIZATION

Print Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

I would like invoices sent to me by email.

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

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

Please email back to [nvcforms@newvision.coop](mailto:nvcforms@newvision.coop) or mail to **38438 210<sup>th</sup> Street, Brewster, MN 56119**.

For questions, please call 507-842-2001.

For other printable forms or more information, go to [newvision.coop/accounting](http://newvision.coop/accounting)