



# New Vision Co-op

38438 210th Street Brewster MN 56119 - 507-842-2001 / [www.newvision.coop](http://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 to receive payment stubs by email Email: \_\_\_\_\_

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

*"Service and Value Everyday"*