



**Authorization Agreement for Automatic Deposits & Withdrawals**

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

Customer ID# \_\_\_\_\_

I (We) hereby authorize Nexus Cooperative, to initiate deposits or withdrawals and, if necessary, initiate any deposits or withdrawals for an error that may be made to my (our)

(select one)  Checking  Savings

account indicated below and the depository named below,, to deposit or withdraw the same to such account.

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

Branch Location: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Routing #: \_\_\_\_\_

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

This authority to remain in full force and effect until Nexus Cooperative has received written notification from me (or either of us) of this termination in such time and in such manner as to afford Nexus Cooperative and DEPOSITORY a reasonable opportunity to act on it.

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

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

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

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

**Check all that apply:**

- Grain Checks Direct Deposit
- Accounts Payable
- Accounts Receivable
- Auto Pay (account automatically debited)
- Web Pay (customer initiated withdrawal)

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

*Authorized signatures (joint accounts require signatures from all parties)*

Please fill out this form and attach a personalized voided check or savings deposit slip and send to:

Nexus - Accounting Team  
1001 Blunt Pkwy  
Charles City, IA 50616

Nexus Team  
Member \_\_\_\_\_

**Example**

