

Authorization for Automatic Deposit

I authorize Western Grain Marketing (WGM) to initiate entries to my account listed below. This authority will remain in effect until I notify you in writing to cancel it, allowing sufficient time for WGM to make the appropriate cancellations.

Date: _____

Authorized by: _____
(Print or Type Name)

Company Name: _____

Address: _____

Phone Number: _____

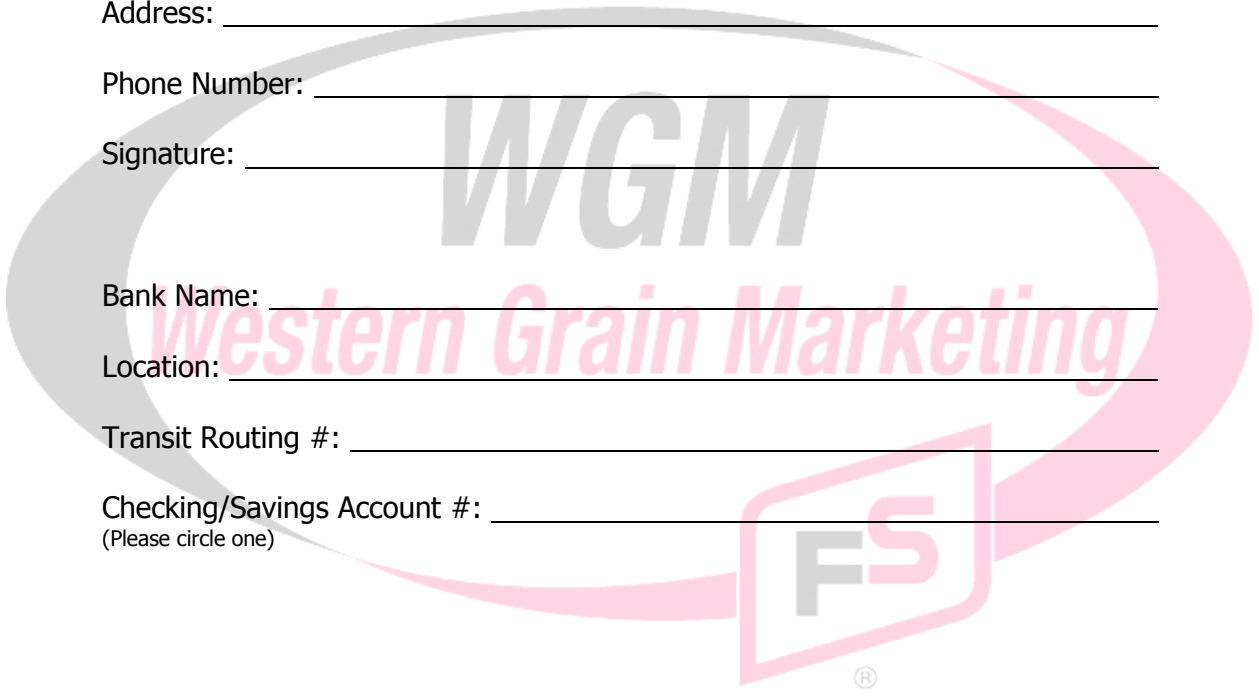
Signature: _____

Bank Name: _____

Location: _____

Transit Routing #: _____

Checking/Savings Account #: _____
(Please circle one)



Attach voided check here