

OFFICE USE ONLY
Contract #
Customer #

Authorization Agreement for Automatic Withdrawals (ACH Debit)

Agricredit Acceptance LLC
P. O. Box 2000
Johnston, IA 50131-0020

Customer's Name: _____

Complete Address: _____

Social Security or Federal ID Number: _____

Telephone Number: _____

I(We) hereby authorize Agricredit Acceptance LLC, hereinafter called AAC , to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account and depository financial institution named below, hereinafter called DEPOSITORY, and to debit and/or credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip Code _____

Transit ABA Number _____ Account Number _____

The account indicated above is a checking savings account.

To ensure the correct bank name, location and account number, please attach a copy of a voided check.

This authorization is to remain in full force and effect until AAC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford AAC and Depository a reasonable opportunity to act on it.

Name(s): _____	_____
(Please Print)	(Please Print)
_____ Signature of Account Holder	_____ Signature of Account Holder
_____ (Date)	_____ (Date)