



**DEERFIELD  
AG SERVICES**  
Cultivating Profitability. Together.

**HEADQUARTERS**

9041 St. Rt. 224  
PO Box 155  
Deerfield, OH 44411-8715

**ACH Authorization Form**

I (we) hereby authorize Deerfield Ag Services to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Deerfield Ag Services is notified by me (us) in writing to cancel it in such time as to afford Deerfield Ag Services and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

**Please complete the information below:**

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address of Financial Institution

\_\_\_\_\_  
Name – PLEASE PRINT

\_\_\_\_\_  
Address – PLEASE PRINT

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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