



Grain Sales Direct Deposit Agreement Form

Office Use Only
Entered by:
Accounts:
Date:

Authorization Agreement

I hereby authorize Midway Co-op, Inc. to initiate automatic deposits to my account at the financial institution named below. I also authorize Midway Co-op, Inc. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Midway Co-op, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Midway Co-op, Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Midway Co-op, Inc.

Bank Account Information

Financial Institution:
Address:
City, State Zip Code:
Routing Number:
Account Number:
[ ] Checking [ ] Savings

[Empty header box]

Company Name:
Authorized Signature (Primary):
Print Name:
Date:
Midway Account ID Number(s):
Example:1000000
Email Address:

Please attach a voided check and return this form to:
Midway Co-op
P.O. Box 40
Osborne, KS 67473-0040

Scan this QR code to login to your online Midway account or
https://customers.midwaycoop.com

