



Automatic Clearing House (ACH) Authorization

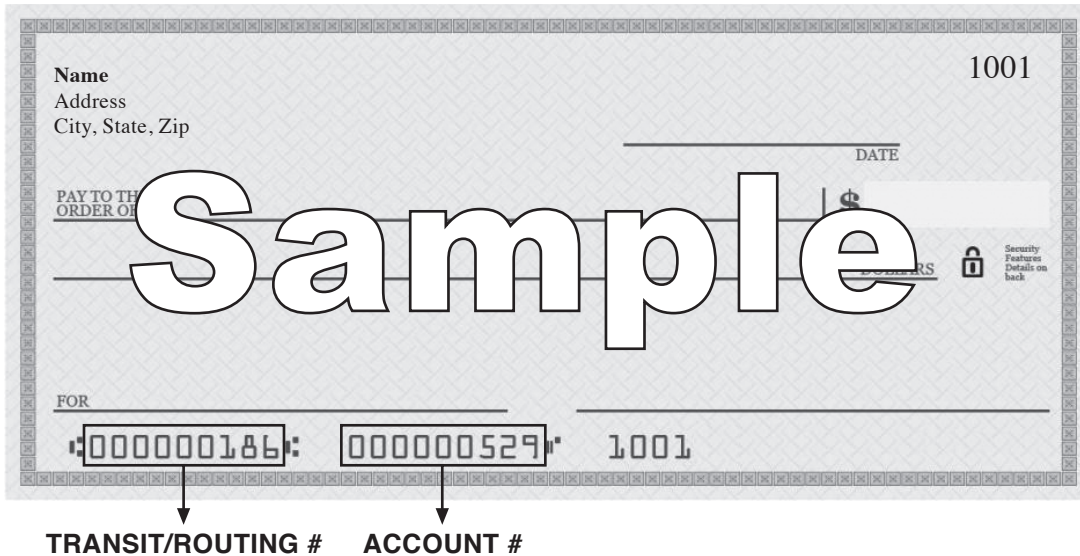
We are pleased to announce that Skagit Farmers Supply has an automatic payment program known as Automated Clearing House (ACH). This ACH system will allow you to authorize your bank to deduct from either your checking account or savings account the billed amount owed to Skagit Farmers Supply.

Last Name _____	First Name _____	MI _____	Skagit Farmers Supply Acct. # _____
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AUTOMATIC PAYMENT AUTHORIZATION

I hereby authorize Skagit Farmers Supply to create an Automated Clearing House (ACH) debit on my deposit account listed below for regularly scheduled payments on my Skagit Farmers Supply Account.

I agree to have sufficient funds for the payment amount in my deposit account on the 25th of the month. If there are not sufficient funds (NSF), I understand that Skagit Farmers Supply will not make other attempts to transfer the payment, and I must make alternative arrangements to make payment. I understand that my depository financial institution may charge a fee if the payment transfer from my deposit account is unsuccessful due to NSF. I understand that Skagit Farmers Supply may cancel this automatic payment transfer service. If either party cancels this service, they agree to do so with written notification 10 days prior to payment due date.



Skagit Farmers Supply provides this service consistent with the Operating Rules of the National Automated Clearing House Association, in existence as of the date of this Agreement and as amended from time to time, and consistent with this Agreement.

Financial Institution: _____	Transit/Routing #: _____
Account #: _____	Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking
Signature: _____	Date: _____

This system will process your payment automatically on or around the 25th of each month. For example April charges will be paid automatically on or after May 25th. This assures your account will always be current by the due date, which in this case would be May 31st.

Return with a voided check to:
 Skagit Farmers Supply, P.O. Box 266, Burlington, WA 98233

SKAGIT FARMERS SUPPLY USE	Received By _____	Date _____
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