



DIRECT DEPOSIT AUTHORIZATION

Member #: _____

Member Name: _____

DIRECTIONS:

Please read and sign the below authorization statement. You must return this form, along with a void check, via mail to:

Cotton Growers Cooperative
101 Sigma Drive
Garner, NC 27529

Note: Direct deposit can not be authorized if the payee has a lien on record.

AUTHORIZATION:

I hereby authorize Carolinas Cotton Growers Cooperative, Inc. to execute direct deposits for all payments due the above noted member. This authorization will remain in effect for all future payments until terminated in writing.

Signature

Date

To be completed by Cotton Growers Cooperative only:

Marketing Approval _____

Accounting Approval _____

Acct. Clearance _____

Lien Clearance _____

Applied to AS400 _____

ABA # _____

Acct. # _____