



## 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** to:

Cotton Growers Cooperative  
101 Sigma Drive  
Garner, NC 27529

### AUTHORIZATION:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

To be completed by Cotton Growers Cooperative only:

Marketing Approval & Lien Review \_\_\_\_\_

Accounting Approval

ACH Review

New \_\_\_\_\_ (No record on file)

Edit \_\_\_\_\_ (Record on file)

DD Flag Review \_\_\_\_\_ (Not set for DD pending prenote)

Acct. Clearance \_\_\_\_\_ ABA # \_\_\_\_\_

Acct. # \_\_\_\_\_

Applied to AS400 \_\_\_\_\_