



VENDOR ACH TRANSFER AUTHORIZATION

New Request

Change Bank Account Information

VENDOR INFORMATION

Vendor Name

Vendor Phone

Address (Street or PO Box, City, State, Zip)

Email Address

BANK ACCOUNT INFORMATION

Name of Financial Institution

Type of Account:

Checking Account Only

Routing Number

Account Number

AUTHORIZATION

I authorize Landmark Services Cooperative DBA ALCIVIA ("ALCIVIA") to electronically deposit payments I am entitled to receive, into the bank account designated above. I certify that the information set forth above is true and correct. It is my responsibility to notify ALCIVIA immediately if I believe there is a discrepancy between the amount deposited into my bank account and the amount which was payable to me. I authorize ALCIVIA to initiate correction (debit) entries for amounts credited in error. I understand that I must notify ALCIVIA in writing immediately of any changes in the bank account information provided above. This authorization will remain in full force and effect until ALCIVIA has received written notice requesting a change or cancellation and has had a reasonable opportunity to act on it.

Authorizing Signature

Date

Title



Animal Nutrition



Agronomy



Grain



Energy



Verity



Retail



Logistics