



Eichelberger Farms

PRODUCING QUALITY **Inc.** ASSURED PORK

Contract Grower ACH Authorization Form

Begin ACH Deposit

Change Bank Information

Cancel ACH Deposit

GROWER NAME: _____

Eichelberger Farms, Inc. will deposit your monthly grower payment directly into your bank account on the last business day of each month. If you or your bank have instructed EFI to send part of your payment directly to the bank, the remaining balance will be deposited into your personal account. Any non-regularly scheduled payments, such as overstock checks, will be issued in the form of a check and delivered through the mail.

Please fill in the following information and **attach a voided check or deposit slip.**

The routing and account numbers are located on the bottom of your check as follows:

■ 123456789 ■
Routing Number

012 345 6 ■■
Account Number

Account Information	<u>Account Type:</u>	<input type="radio"/> Checking <i>(Attach voided check)</i>	<input type="radio"/> Savings <i>(Attach deposit slip)</i>
	Bank Name:	_____	
	Bank Address:	_____	
	Routing # (9 digit):	_____	Account # _____

I hereby authorize Eichelberger Farms, Inc. (EFI) to deposit my payment directly into the account listed above. This authority will remain in effect until I have given written notice that I am terminating it, or until EFI has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account, I authorize my bank and EFI to make the appropriate adjustments.

Grower Signature: _____

Date: _____

Remember to attach voided check for checking account and/or deposit slip for savings account.

Alternatively, you may attach a clear photocopy of your check and/or deposit slip.

Return completed form to: Eichelberger Farms, Inc., 408 North Way Drive, Wayland, IA 52654

Form will not be processed if they are missing.