



**PO Box 64089
St. Paul, MN 55164-0089
800-814-0505
651-355-3723 Fax**

Direct Payment Authorization Form
For Automatic Payment (ACH Debits and Credits)

I (we) authorize CHS Hedging to initiate entries to debit or credit my (our) account described below:

Customer Name _____ Hedging Account # _____

Address _____

Checking Account # _____

OR Savings Account # _____

Financial Institution's Name _____

Financial Institution's Address _____

Attached a voided check, Savings slip or provide the Financial Institution's Routing # _____ (between these symbols ■ : ■ on the bottom left of your check or savings deposit slip)

This authority is to remain in full force and effect until the Company has received written notification from me (or either one of us) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on it.

Signature _____

Full Name _____

Date _____

Telephone Number _____

Email address _____

The originator of the funds must always match the name listed as the account holder.