



EFT AUTHORIZATION

CUSTOMER INFORMATION

Customer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Premier Ag Account # _____ Telephone #: _____

E-Mail Address: _____

BANK INFORMATION

Bank Name: _____

Bank Street Address: _____

City: _____ State: _____ Zip Code: _____

Bank Transit Routing # (ABA 9-digit number): _____

Bank Account Number: _____

I hereby authorize Premier Companies to initiate ACH debit entries in the account indicated above. Budget payments will be withdrawn on the last working day of the month and regular statement payments will be withdrawn on the 20th of the month following the month of purchase. This authority will remain in effect until Premier Companies has received written notification of termination.

PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION PURPOSES.

Signature

Date

***PLEASE MAIL OR FAX COMPLETED FORM TO:
Premier Companies
PO BOX 304, Seymour, IN 47274***

Fax Number 1-812-372-6801 Phone Number is 1-800-742-9385