

EverGRO

Electronic Payment (Debit) Authorization

I (we) owe an account to EverGRO Cooperative for purchases made and I (we) acknowledge that the account is payable to EverGRO Cooperative according to the terms of EverGRO Cooperative's Credit Policy, and I (we) hereby authorize EverGRO Cooperative, a Virginia company, to initiate periodic electronic debits (ACH or through the Automatic Clearing House Network), **as directed by me(us) from time to time either electronically or otherwise**, from the account and depository shown below:

My (our) full name on the Bank Account: _____
My (our) Home Address for this Account: _____
My (our) Email Address: _____
Bank Name: _____
Bank Routing/Transit Number*: _____
My (our) Bank Account Number*: _____

**See below for an explanation of where to locate numbers on your bank checks*

NOTE: FOR VALIDATION PURPOSES, PLEASE ATTACH A COPY OF A VOIDED CHECK FOR THIS ACCOUNT. FOR CORPORATE ACCOUNTS, THE PERSONS BELOW SIGNIFY BY THEIR SIGNATURES HERETO THAT THEY ARE DULY AND FULLY AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION IN THE CAPACITY STATED.

_____	_____	_____
Authorized Signature(s)	Date	Office (for corporations)
_____	_____	
Authorized Signature(s) (joint account holder)	Date	

***Explanation of Check Numbers**

Bank Routing/Transit Number - This is a 9 digit number separated by a bar and a colon, such as |: 123456789 |: and is usually placed at the far-left bottom corner of your check.

Account Number -- This number is a ten digit number usually placed to the right of the routing/transit number.

Check Number -- Matches number in the upper right corner of check. NOT REQUIRED FOR ACH. This is the actual number of that particular check.

To protect the integrity of this program and to insure that you do not suffer additional charges, inconvenience or other problems, please maintain a bank balance sufficient to honor charges presented for payment. If you change banking arrangements, sufficient funds should be left in the account to honor charges presented for payment. This authorization shall remain valid unless revoked in writing or by operation of law. If insufficient funds, a \$35.00 charge will be invoiced to your account for fees.

Mail completed form and voided check to: EverGRO Cooperative, PO Box 590, Orange, VA 22960
Completed form and voided check can also be emailed to: ACH@evergrofs.com