



## 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:

Hedging Account Number: \_\_\_\_\_

Name on Hedging Account: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

**Please Note: The Tax ID number on the bank account to be debited/credited via ACH by CHS Hedging MUST match the Tax ID number of the account holder at CHS Hedging.**

### Bank Account Details

Name on Bank Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address (City, State): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Routing Number (ABA): \_\_\_\_\_

The ABA number can be found between these symbols **■** : **■** on the bottom of your check.

**A voided check must be attached for verification of account information.**

All notices to CHS Hedging shall be in writing and directed as follows:

Mail: CHS Hedging, LLC, PO Box 64089, St. Paul, MN 55164-0089

Fax: 651-355-3723

Email: [margin@chshedging.com](mailto:margin@chshedging.com)

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: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_