



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): _____

Request Type: New ACH Setup ACH Change Request

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

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: _____