

TEMPORARY ACH AUTHORIZATION FORM

INSTALLMENT MEMBER/OWNER NAME: _____

MEMBER/OWNER# _____

ADDRESS: _____

I (we) hereby authorize **Monadnock Community Market Cooperative, Inc ("MFC")**. to initiate credit entries to our checking/saving(s) accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authorization will remain in effect until **MFC** is notified by us in writing to cancel it in such time as to afford **MFC** a reasonable opportunity to act on it OR when our total membership equity installment payments equal a total of \$200.00. I (we) understand that **MFC** reserves the right to cancel this agreement and terminate this transfer, with, or without cause, followed by written notification to us. We understand that the origination of ACH transactions to our account must comply with the provisions of the United States Law and is binding to the NACHA ACH Rules.

Authorized by (please print): _____

Address: _____

Phone Number: _____

Email: _____

Account Type: Checking Savings

Name on Acct: _____

Bank Name: _____

Account Number: _____

Bank Routing # _____



*If a checking account, please attach a voided check

Payable to: _____ **Monadnock Food Co-op** _____

Amount: \$25.00 Start Date: _____ (15th of the following month of sign-up)

If the transaction date falls on a non-processing date (weekend or holiday) it will be processed on the next business day.

Signature

Date

Please return this form to Monadnock Food Co-op – Finance Dept