



**Direct Payment
Funds Transfer Authorization Agreement**

Customer name _____

Address _____

_____ (Customer) does hereby authorize APEX/AgNatural to initiate debit and/or credit entries to Customer's Bank account indicated below for payment/refund of any debt incurred for purchase/sale of APEX/AgNatural products/fees, and does further authorize the depository institution named below to debit/credit such entries to the Customer's account:

Bank Name _____

Bank Address _____

Routing Number _____ **Account Number** _____

Signature

Title

For notification of the amount we ACH, please provide:

Fax # _____ or Email _____

For Inquires, contact
Apex – Madonna Rhodes
Phone: 716-926-1000 Fax: 716-926-1010