NORTHERN Ag Suppliers
WHOLESALE FERTILIZER DISTRIBUTORS

NAT

Northern Ag Transportation (NAT)
A Division of Northern Ag Suppliers
Electronic Funds Transfer Authorization Form via ACH

Date: _____

_____ authorizes NAT to make payments via ACH by providing the information below.
(Company)

Mailing Address: _____

City, State, Zip: _____

A/R Contact: _____

Phone: _____

Email: _____

(Payment notification will be sent to the email address provided.)

Please provide 15 days advance notice in writing to NAT for any changes in your depository institution or other payment instructions.

Depository Institution: _____

Bank Routing Number: _____

Account Number: _____

Account Type: Checking: ____ Attach a voided check or clear copy.
Savings: ____ Attach a savings deposit slip.

Authorized Person: _____
(Print Name)

Authorization Signature: _____
(REQUIRED)

This form can be sent via mail, fax, or email as indicated below.

Northern Ag Transportation
Attn: Ron Staab
PO Box 7567
Urbandale, IA 50323-0567

Fax: 515-276-0503

Email: ron.staab@northernagsuppliers.com