SLC # _____

1152 Expressway Dr. Pineville, Louisiana 71360
Office: 1-318-445-0750 Fax: 1-888-641-8082
Email: billing@southernloggers.com
www.southernloggers.com

Authorization Agreement for Direct Payments (ACH Debits) – Update

Member Name _____

Name on Bank Account _____
exactly as it appears on bank account

Bank Name _____

City _____ **State** _____ **Zip** _____

Type of Account: ____ Checking ____ Savings

Routing # _____ **Account #** _____

I authorize Southern Loggers Cooperative to initiate debit entries to my checking or savings account, as specified below, at the designated financial institution. I understand that the origination of ACH transactions to my account must comply with U.S. law.

This authorization will remain active until Southern Loggers Cooperative receives written notice from me of its termination. The notice must be provided in a timely manner to give Southern Loggers Cooperative and the financial institution a reasonable opportunity to process it.

By signing below, I confirm that I have the legal authority to act on behalf of the referenced account with Southern Loggers Cooperative and agree to the stated terms and conditions.

Signature _____

Printed Name _____ **Date** _____

NOTE: Written debit authorizations must include a provision allowing the receiver to revoke the authorization by notifying the originator in the specified manner. This signed form must be received by our office no later than Noon (CST) on the business day preceding your draft's effective date to ensure a timely update. Our staff will call you within 24 hours of receipt. If you don't receive a call, contact our office.