



## Recurring ACH Payment Authorization

I hereby authorize Didion, Inc. to initiate entries to my checking/savings accounts at the financial institution listed below. This authority will remain in effect until Didion, Inc. is notified by me in writing to cancel it in such time as to allow Didion, Inc. and the financial institution a reasonable opportunity to act upon it. I hereby represent that as the seller of the commodity for which these payments are tendered, my/our legal status is that of a "Merchant" for purposes of Chapter 402 of the Wisconsin state statutes.

### Account Information

Farm Account Name \_\_\_\_\_ Proprietor \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

### Bank Details

Account Type     Personal     Business

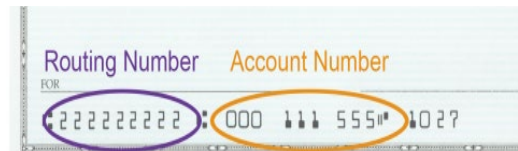
Account Format     Checking     Savings

Account Name \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_



Settlement Sheet

Email \_\_\_\_\_  
(Email address)

Mail \_\_\_\_\_  
(Mailing address if different from above)

SIGNATURE \_\_\_\_\_  
(Account Holder's Signature)

DATE \_\_\_\_\_

Sign and mail this form to: Didion, Inc. 501 S. Williams Street, Cambria WI 53923