



## Grain Farmers of Ontario Payment Deferral Form

Please fax to: (519) 767-9713

Please complete all sections to have your payments deferred:

A. Enter your producer ID and name/address information.													
AEB#: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>													
Producer's name as shown on the delivery permit													
Address													
Province	Postal Code	Telephone No.	Fax No.										
E-mail													

B. Enter your deferral options.							
Defer my payments dated:							
From:	Month	Day	Year	To: (optional)	Month	Day	Year
For issuance on:	Month	Day	Year				

PRODUCER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

POSITION IN COMPANY (IF APPLICABLE) \_\_\_\_\_

**IMPORTANT: Please keep original for your records.**