



Authorization Agreement for Direct Deposit
Authorization Agreement

I hereby authorize Grain Farmers of Ontario to deposit payment(s) directly into my account. I understand this election will remain in effect until I change it.

PRODUCER'S SIGNATURE _____

DATE _____

Name: _____
Address: _____

Telephone: _____
Branch No.: _____
Transit No.: _____

Company Name: _____

Postal Code: _____
Agri-e-Business #: _____
Account No.: _____
Name(s) of
Account holder(s): _____

Please attach a blank cheque from your bank account with "VOID" written on it.

Name	Cheque No. 00000
Address	
City	Date: _____
Pay to the order of _____ \$ _____	

_____	Signature
"000"	"00000"000
	000000"0

Please return this form to the address below:

Grain Farmers of Ontario
679 Southgate Drive • Guelph, Ontario N1G 4S2
Phone: (519) 767-6537 • Fax: (519) 767-9713/1939