

AUTHORIZATION FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY NAME- Countryside Feed, LLC COMPANY EIN- 74-2855854

I (we) hereby authorize Countryside Feed, LLC, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Savings account (select one) indicated below and the bank financial institution named below, hereinafter called BANK, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

BANK NAME- _____ BRANCH- _____

CITY- _____ STATE- _____ ZIP- _____

ROUTING NO.- _____ ACCOUNT NO.- _____
(9 digit code lower left corner of check)

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

NAME(S) _____ DRIVERS LICENSE NO. _____

SIGNED- _____ DATE- _____

(CASH TERMS- withdrawals will occur on the 17th and the last day of the month or the next business day after)

(attach copy of voided check)