AUTHORIZATION FOR AUTOMATIC DIRECT BILL PAYMENT	
The undersigned company hereby authorizes CHS to initiate monthly payments for the purpose of making payment on its commercial account	
Cenex® Fleet Fueling Account #:	
The account to be used is described below:	
Checking Account #: Savings Account #:	
Financial Institution's Name:	
Financial Institution's Address:	
Financial Institution's Phone:	Payment Options:  Monthly Payment (25 days after close of billing cycle)
IF A CHECKING ACCOUNT IS SELECTED, PLEASE ATTACH A VOIDED CHECK TO THIS FORM. IF A SAVINGS ACCOUNT IS SELECTED, PLEASE ATTACH A VOIDED DEPOSIT SLIP TO THIS FORM.	
This authority is to remain in full force and effect until CHS has received written notification from me (us) of its termination in such time and manner as to afford CHS a reasonable opportunity to act on it.	
Business Name:	
Address:	
Email Address: (required)	
Fleet Accounts are due in full. New Balance Due will automatically be deducted from your bank account.	
Authorized Officer Signature:*	
By: Its:	
The Automated Clearing House (ACH) payment is made on the account Statement Due Date. The transaction will be posted to the company's credit card account on the night the payment is scheduled. The ACH file is transmitted the morning of the next business day and the debit is posted to the company's bank account on the second business day. Payment due dates falling on the weekend, or legal holiday, will have their payment created and posted on the last business day before the weekend/holiday. The ACH file will be sent to the company's bank and the debit will be posted on the second business day after the weekend/holiday. Payment calculation is pursuant to the terms and conditions of company's Cenex® Fleet account.	
*I hereby represent and warrant that I am an authorized officer or representative of the company and fully authorized to enter into this agreement on behalf of the company. I further represent and warrant that the company is a duly organized, validly existing legal entity.	
<i>For CHS Use:</i> Date Received:/	