

# ACH WITHDRAWAL AUTHORIZATION



MAIL TO:  
Longmont Dairy Farm  
P.O. Box 998  
Longmont, CO 80502-0998

- Return via postal mail
- Do NOT send via email

## CUSTOMER INFORMATION

Customer Name:

Customer Address:

Phone Number:

Email:

## BANKING INFORMATION

Bank Name:

Bank Phone:

Bank Address:

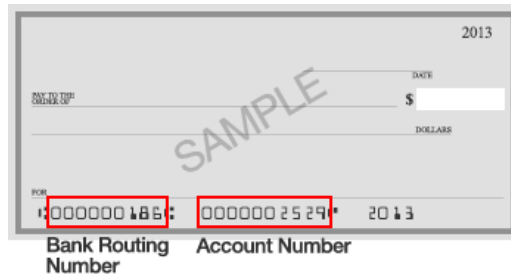
Account Type:

Checking Account

Savings Account

Bank Routing Number:

Account Number:



## AUTHORIZATION

I authorize Longmont Dairy Farm to automatically charge my checking or savings account for my bill each billing period on the bill statement date. I understand that the amount may vary depending on product delivered. The charge will appear on your bank account statement near the 10th of each month.

Automatic payments may be terminated at any time via our website or by phone at 303-776-8466.

Signature:

Date: