



**Select-Harvest  
U.S.A.**

**AUTHORIZATION FOR ACH DIRECT DEPOSITS  
(ACH CREDITS)**

I (we) hereby authorize **Select Harvest USA**, hereinafter called COMPANY, to initiate credit entries to my (our) (  ) Checking (  ) Savings account (select one) indicated below at the depository named below, hereafter called DEPOSITORY, to credit the same such account.

DEPOSITORY  
NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING NO: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

The purpose of Credit ACH transactions shall be for the purpose of making grower payments to DEPOSITORY due by COMPANY. DEPOSITORY is aware that ACH CREDIT transactions will be made within 5 banking days of DEPOSITORY'S contracted payment date.

Upon COMPANY'S receipt of this form and a voided check from DEPOSITORY ACH Credit transactions for all future grower payments will be electronically initiated.

This authorization is to remain in full force and affect until COMPANY has received written notification from one (or either of us) of its terminations in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

By:  
NAME(s) \_\_\_\_\_  
(Please Print)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_