

River Valley Cooperative

To Our Valued Customer:

River Valley Cooperative is now offering an Automatic Payment Plan to pay your monthly bill. This plan provides the convenience of hassle-free bill payment. No more mailing monthly checks or driving to our location to make your monthly payment. You can be at ease knowing your monthly bill has been paid automatically. This letter is to serve as authorization for the automatic collection of funds on your account. The funds will be collected from:

Financial Institution Name: _____

Financial Institution Account Number: _____

_____ Checking _____ Savings

Financial Institution ABA Routing Number: _____

Once set up, you will continue to receive your monthly statement. The date of withdrawal will be the 17th of each month.

Please complete this form and attach a personalized voided check or savings deposit slip and forward the original letter to:

River Valley Cooperative
Attn. Sarah Meyer
PO Box 256
Eldridge, IA 52748-0256

Should you have any additional questions regarding this program, please feel free to contact me at 563-285-7820 x327 or 866-962-7820.

Sincerely,

Sarah Meyer
Controller

River Valley Cooperative Account Title _____

River Valley Cooperative Account Number _____

Authorizing Signature: _____ Date: _____