



FARMERS' RICE COOPERATIVE

REQUEST FOR AUTOMATIC DEPOSIT OF GROWER'S CHECK

Member Account Name: _____

Member Account #: _____ Phone #: _____

Check One: New Deposit Service [] Stop Direct Deposit Service []
Change Bank/Account Information []

*** READ ENTIRE FORM BEFORE SIGNING ***

A change of account number at our existing bank or a change of your deposit to a different bank will cause a temporary postponement of the auto deposit. You will receive a regular check until the auto deposit service is restored.

I HEREBY AUTHORIZE FARMERS' RICE COOPERATIVE TO DEPOSIT EACH PAYMENT TO:

FINANCIAL INSTITUTION:

Name: _____

Branch Name: _____ Phone #: _____

Bank Account #: _____ Bank Routing #: _____

Checking or Savings Account (Circle One)

Account Type (Check One): Business Account [] Personal Account []

*** A VOIDED CHECK MUST BE ATTACHED***

Such automatic deposits shall continue so long as I am an active member or payee of Farmers' Rice Cooperative (FRC) or until such time as I give notice in writing to discontinue such deposits. In return for FRC making such automatic deposits for me, I agree that in the event FRC deposits to my account by mistake, error or otherwise, monies that are not due to me, I will promptly return all such monies to FRC upon demand by FRC, or upon discovery of such deposits by me. I further agree that FRC may authorize the Bank to reverse any deposit to my account in excess of the money due to me. In the event I do not repay or agree in writing to repay FRC monies deposited to my account in excess of the money due to me, and FRC brings an action to collect such monies, I agree that I will be responsible for all FRC's costs incurred in prosecuting such an action, including FRC's attorney fees.

ACCOUNT SIGNATURE: _____ DATE: _____

*** PLEASE SUBMIT COMPLETED FORM TO GROWER ACCOUNTING DEPT.

P.O. Box 15223, Sacramento, CA 95851-0223