



Cutoff for direct deposits will be at noon to be received in your account next day.

Ludlow Facility
 100 West Thomas
 P.O. Box 155
 Ludlow, IL 60949
 217-396-4111

Perdueville Facility
 452 N 1480 E Co Rd
 Paxton, IL 60957
 217-379-4367

Buckley Facility
 102 West Central
 P.O. Box 178
 Buckley, IL 60918
 217-394-2331

DelRey Facility
 1181 N 550 E Co Rd
 Thawville, IL 60968-9523
 815-268-7217

Paxton Facility
 1055 N Railroad
 P.O. Box 322
 Paxton, IL 60957
 217-379-4366

Danforth Facility
 104 South Front
 P.O. Box 166
 Danforth, IL 60930
 815-269-2390

La Hogue Facility
 1802 N 200 E Rd
 Gilman, IL 60938
 815-265-7211

Piper City Facility
 24 West Main Street
 P.O. Box 98
 Piper City, IL 60959
 815-707-3347

Direct Deposit Agreement

I hereby authorize Ludlow Cooperative Elevator Company to deposit funds owed to me by initiating automatic deposits into my account at the financial institution listed below. Further, I authorize the Bank to accept and to credit any funds reported by Ludlow Cooperative Elevator Company to my account. In the event that Ludlow Cooperative Elevator Company deposits funds erroneously into my account, I authorize them to make withdrawals for an amount not to exceed the original amount of the erroneous credit. This agreement will remain in effect until Ludlow Cooperative Elevator Company receives written notification from me or my financial institution of its termination.

Customer Name: _____ **Accounts(s)** _____

Signature: _____

Date: _____

Bank Account Information

Bank Name: _____

Bank City / State: _____

Bank Routing #: _____

Bank Account #: _____

The image shows a check form template with the following fields:

- Your Name
- Your Address
- DATE _____
- PAY TO THE ORDER OF _____ \$ _____
- _____ DOLLARS
- Your Bank Name
- MEMO _____
- ⑆ 123456789 ⑆ 0000987654321 ⑆ 1001

9 Digit Routing Number Your Account Number Check Number