



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

PART I: REASON FOR SUBMISSION

- New EFT Submission
- Change to current EFT enrollment (e.g. account or bank changes)
- Cancel existing EFT enrollment

PART II: PAYEE INFORMATION

Payee Organization Name or Legal Business Name (hereinafter referred to as "Payee")

Payee Street Address

Payee Location City	Payee State	Payee Postal Code	ANDE Account Number (if known)
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PART III: PAYEE CONTACT PERSON

Contact Person's Name	Contact Person's Title
Contact Person's Telephone Number	Contact Person's E-mail address

PART IV: PAYEE FINANCIAL INSTITUTION INFORMATION

Financial Institution Name

Financial Institution's Street Address

Financial Institution City	Financial Institution State	Financial Institution Postal Code
Financial Institution Routing Number _____	Financial Institution Account Number	Type of Account (check one): <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account

Note: You must provide a copy of a voided check or bank letter with this form

PART V: REMITTANCE INFORMATION

Please indicate whether you would like to receive remittance information via email:

- Yes, please send remittance information by email to this email address: _____
- No, do not send remittance information

SIGNATURE LINE

Authorized Official Name (print)	Authorized Official Telephone Number
Authorized Official Signature	Date



ADDITIONAL INFORMATION

Payee agrees to the ACH credit method for payment of all proceeds payable. The Andersons (“Payor”) will initiate such payments by ACH credit to the Payee’s bank account per the instructions specified above or initiate offsetting entries for the purpose of correction. If Payee’s Financial Institution information changes, Payee agrees to submit to Payor an updated EFT Authorization Agreement, or resume receiving funds via check.

Return completed form with a copy of a voided check or bank letter containing account information to The Andersons only as noted below. Access to your bank information is restricted to select personnel at The Andersons.

Via Mail:

The Andersons Inc
Attn: MDG COB-218
1947 Briarfield Blvd
PO Box 119
Maumee, OH 43537

Via Email:

MasterData@andersonsinc.com

Via Fax:

(419) 482-5303

Banking information must be confirmed verbally over the phone with a representative from The Andersons. Three attempts will be made over a fourteen-day period. If these attempts are unsuccessful, your EFT application will be destroyed and you must resubmit your request.