

**AUTHORIZATION AGREEMENT
FOR AUTOMATIC PAYMENTS**

The total amount owing Full Circle Ag is to be debited on or about the 15th of each month, beginning _____.

FUNDS FOR THIS AUTOMATED PAYMENT WILL BE WITHDRAWN FROM MY:

_____ CHECKING _____ SAVINGS

AT THE FINANCIAL INSTITUTION LISTED BELOW:

BANK NAME: _____

BANK ADDRESS: _____

BANK R&T NUMBER: _____

ACCOUNT NUMBER AT THE BANK: _____

(Please note that some financial institutions use different account numbers for processing ACH transactions.)

This authorization will remain in effect until Full Circle Ag has received written notice from me of its terminations in such time and in such manner as to afford Full Circle Ag a reasonable opportunity to act.

NAME: _____

SIGNATURE: _____

DATE: _____

You may return this form:

Mail:
Full Circle Ag
PO Box 148
Britton, SD 57430

Fax: 605-448-2561
Email: satrangt@fullcircleag.com