



Direct Deposit Form

Authorization Agreement

I hereby authorize Frontier Ag Inc. to initiate automatic withdrawals from my account at the financial institution named below. I also authorize Frontier Ag Inc. to make deposits to this account in the event that an entry is made in error.

Further, I agree not to hold Frontier Ag Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Frontier Ag Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to Frontier Ag Inc.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Checking Account Number: _____

Signature

Printed Account Name: _____ Date: _____

Authorized Signature: _____ Date: _____

Remittance Notification Option

Via Postal Mail Address: _____

Via E-Mail Address: _____ Name: _____

Please attach a voided check and return this form to Frontier Ag Inc.