

CHS Inc. Counterparty Electronic Funds Transfer (EFTs) Disbursements Authorization Form



The named company/individual acknowledges and agrees that the terms and conditions of all agreements with CHS and its subsidiaries concerning the method and timing of payments for goods and services shall be amended as provided herein. The named company/individual further acknowledges and agrees that the method of payments of any and all other amount(s) due and owing by CHS including, but not limited to, payments of patronage and/or equity/patronage redemption may be made in the same manner. Payment will be delivered via electronic funds transfer to the bank account noted below. The named company/individual will give thirty (30) days advance notice in writing to CHS for any changes in its depository institution or other payment instructions. To help us ensure accuracy, please provide the following if available: **For US and CA checking accounts, provide a voided or clear copy of check, for savings accounts, provide savings deposit slip or a clear copy.** For all other countries, and for other counterparties unable to provide the above items, a bank instruction confirmation letter on bank or company letterhead is sufficient support.

All fields marked with an asterisk (*) are required.

Areas In Orange Are To Be Completed By CHS Before Sending To Counterparty

Payee Information:

Disbursement Type: ☐ ACH ☐ Wire Transfers

Request Type: ☐ New Setup ☐ Change Request

*Payee Legal Name:

*CHS Account Number:

(Only for Change Requests and is Located on Payment Remittance)

*Mailing Address:

*City, State, ZIP:

*Phone:

*Email Address

(for payment notifications):

(Payment notifications will be sent from AP@chsinc.com to the email address provided above)

Accounts Receivable Information (if applicable):

Contact Name:

Phone (if different than above):

Email (if different than above):

EFT Disbursement/Payment Information:

Note: ACH payments to Canadian financial institutions will be made in Canadian Dollars (CAD).

*Bank Name

*Bank Country, City (address if applicable)

*Bank ABA Routing Number or SWIFT/BIC:

Bank IBAN, if applicable:

*Bank Account Number: (Non-US e.g. CLABE or CNAPS)

Savings Account: ☐

Intermediary Bank Information if Applicable (Wire Transfers):

*Bank Name:

*Bank Country:

*Bank ABA Routing Number or SWIFT/BIC:

Authorization:

*Authorized Person:

(Print Name)

*Signature (required):

*Date:

** Please expect a phone call from CHS to verbally verify your account information. Requests will be processed within 30 days once verification of account information is completed. **

Submit the completed form via email or fax. If you have questions about this form, please call 800-642-0046 or email Agdigital@chsinc.com