CHS Inc.
Electronic Funds Transfer (EFT) Authorization Form

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

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. Payment will be delivered electronically via ACH/direct deposit to the bank account noted below. 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. The payee will give thirty (30) days advance notice in writing to CHS for any changes in its depository institution or other payment instructions.

***Payee Legal Name:** _____

***Mailing Address:** _____

***City, State, Zip:** _____

***Phone:** ( )

***Email Address**
(for payment notifications)**:** _____
(Payment notifications will be sent from either JDEAP@chsinc.com , AP@chsinc.com or Patron.Equities@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)**:** _____

ACH Payment Information: **Note:** Payments to Canadian financial institutions will be made in Canadian Dollars (CAD).

***Select one:** ☐ **US Bank** ☐ **Canadian Bank**

***Bank Name:** _____

***Bank Routing Number:** _____
(Must be 9 digits)

***Bank Account Number:** _____

***Account Type:** (select one) **Checking** ☐ *To ensure data accuracy, please attach a voided check or clear copy of one if possible. Do not use bank information from a savings deposit slip for a checking account.*

Savings ☐ *Please attach a savings deposit slip or a clear copy of one if possible.*

***Authorized Person:** _____
(Print Name)

***Signature (required):** _____ ***Date:** _____

** Please allow 15 days for your request to be processed **

Submit the completed form to the Corporate Vendor Compliance department via postal mail, scan and email, or fax. If you have questions about this form, please call 651-355-6627.

Mailing Address: CHS Inc.
Attn: Corporate Vendor Compliance
5500 Cenex Drive
Inver Grove Heights, MN 55077

Email: CorpVendorCompliance@chsinc.com
Fax: 651-355-4635

Form Revised: 2/2020