

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 checking accounts, provide a voided or clear copy of check, for savings accounts, provide savings deposit slip or a clear copy.

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

Areas in Orange CHS Internal Use

Payee Information:

Disbursement Type: ACH Wire Transfers

Request Type: New Setup Change Request

*Payee Legal Name:

*CHS Vendor Number:
(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 Country

*Bank Name:

*Bank ABA Routing Number
or SWIFT/BIC:

Bank IBAN, if applicable:

*Bank Account Number:

Savings Account:

Intermediary Bank Information if Applicable (Wire Transfers):

*Bank Country:

*Bank Name:

*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 Ag Business Customer Service at (800) 548-9727

Email: AgDigital@chsinc.com

Fax:

Below Is For Internal Use Only: Bank Information Validation

It is the responsibility of the group requesting the EFT to validate all banking information. Validation should be clearly documented below. The individual receiving the request for new or changing banking information must be separate from the individual performing the validation. Please see the CHS Global Electronic Funds Transfer Disbursements Policy for further guidance.

Form Received By:

Validation Performed By:

Date Validation Performed:

Name of Individual Contacted

Phone Number Called – Do not use the contact information provided on request form unless verified against internal data or through other means (e.g. internet search). If phone number above is used please document verification method used to confirm accuracy.

Prior banking information validated if change and available?

Yes No N/A

New/Changed Bank Account Number

New/Changed Bank Account Routing Number

New/Changed Bank Name