

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. CHS Vendor Number is only required for change request.

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 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 send in the mail. If you have questions about this form, please call (800)-642-0046 or email Agdigital@chsinc.com

Email: Agdigital@chsinc.com

Below Is For CHS Internal Use Only: Bank Information Validation

It is the responsibility of the group designated in the EFT policy and procedure to validate 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.

New Set up and Changed Banking

Form Received By:	
Date Received:	
Validation Performed By:	
Date and Time Validation Performed:	
Name of Individual Contacted:	
Phone Number Called & Where/how phone number collected – Do not use the contact information provided on request form unless verified against internal data or through other means (e.g., contract, invoice, internal contact). If phone number above is used, please document verification method used to confirm accuracy.	
New/Changed Bank Account Number	
New/Changed Bank Account Routing Number	
New/Changed Bank Name	
Changed Banking	
Validate prior banking information: Bank Account Number Bank Routing Number Bank Name	
Validate at least one of the following: <ul style="list-style-type: none"> • Last 4 of the EIN/SSN (from Vendor record) • Most recent payment date / \$ amount with CHS (from A/R) • Most recent invoice amount (from Invoice). 	
Collect one of the following: <ul style="list-style-type: none"> • Copy of old bank voided check/deposit slip • Copy of new bank voided check/deposit slip 	
US Bank Validation Completed (must attach screenshot of result to master data request) (Not applicable for Manual EFTS.)	