



Great Lakes Grain  
 1-835 Park Ave. W, Chatham, ON N7M 0N1  
 Phone: 519-352-8220 Fax: 519-352-0024

Return completed form by email to [payments@greatlakesgrain.com](mailto:payments@greatlakesgrain.com) or by fax to 519-352-0024

**Direct Deposit Enrollment Account Information**

Account Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Street (911) Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

I prefer to have my payment advice and settlement by: Email \_\_\_\_\_ Regular Mail \_\_\_\_\_

**Direct Deposit Authorization**

I hereby authorize **Great Lakes Grain** to initiate direct deposits to my account at the financial institution named below.

Further, I agree not to hold **Great Lakes Grain** 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 authority will remain in effect until **Great Lakes Grain** or my financial institution receives a written notice of cancellation from me, or until I submit a new direct deposit form.

**Banking Account Information**

Name of Financial Institution:			
Address			
Account Number:	Branch number (5-digit)	Institution number (3-digit)	Account number (maximum 12-digit)

**Authorizing Signature**

Authorized Signature (Primary):		Date:	
Authorized Signature (Joint):		Date:	

Please attach a voided check or deposit slip and return this form.

Great Lakes Grain is a partnership between GROWMARK, Inc. (operating as FS PARTNERS a division of GROWMARK) and AGRIS Co-operative Limited

[www.greatlakesgrain.com](http://www.greatlakesgrain.com)

**We know markets**