

## Authorization Agreement for Direct Payment

Name: \_\_\_\_\_ Company ID # \_\_\_\_\_

I (we) hereby authorize Legacy Sales Company LLC to initiate direct payment credit entries and correcting debit entries to my: Checking Account Savings Account at the Financial Institution indicated below, beginning on \_\_\_\_\_, \_\_\_\_\_, 2025.

Financial Institution Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Please attach a voided check for reference

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email to: [generalmail@waverlysales.com](mailto:generalmail@waverlysales.com)

Snail mail to: 2212 5<sup>th</sup> Ave NW, Waverly, IA 50677

Fax to: 319-352-5642

Or drop off the next time you sell livestock