



Direct Deposit (ACH) Authorization Form

This document must be remitted when requesting Electronic / ACH deposit from Mass Farmers Markets. It will be retained on file by MFM. Please fill out and mail to **Mass Farmers Markets, 200 Friberg Pkwy, STE 3000B; Westborough, MA 01581**. You can also submit the completed form via our secure upload link at bit.ly/uploadmfmachform. **TO KEEP YOUR ACCOUNT INFORMATION SECURE, DO NOT EMAIL THIS FORM.** Questions?

Please contact the Finance Dept at 781-893-8666.

1. BANK INFORMATION

Which program are you requesting ACH for:		Account type:
<input type="checkbox"/> Market Token Reimbursement <input type="checkbox"/> Nutrition Coupon Program		<input type="checkbox"/> Checking Account <input type="checkbox"/> Saving Account
Routing number:	Account number:	MDAR Certification # (Farmers Only):

2. VOIDED CHECK

Please attach a copy of a voided check to this form.

If submitting the form electronically, please attach an image of a voided check to your submission.

3. AUTHORIZATION

This authorizes Mass Farmers Markets to send credit entries (and pre-authorized debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated above and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until MFM receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature:		Printed name:
Date:	Business name:	Phone: