

ACH ENROLLMENT/CHANGE AUTHORIZATION FORM

This is to notify Cargill, Incorporated and/or one or more of its subsidiaries and affiliates (herein collectively called CARGILL) of enrollment or change in EFT/ACH banking instructions for the Company (name stated below) herein referred to as Company. CARGILL desires the flexibility to make payments for such goods and/or services by electronic funds transfers through the Automated Clearing House (ACH) system, and Company agrees to grant such flexibility. Therefore Company (1) authorizes CARGILL to make payment for goods and services by ACH, (2) certifies that it has selected the following depository institution, and (3) directs that all such electronic funds transfers be made via the ACH CCD transaction format. If the CTX transaction format is preferred, please specify such and provide a CTX contact. In the event of any duplicate payment, overpayment, fraudulent payment or payment made in error, the receiving party will immediately return such payment upon confirming the occurrence of any of the foregoing.

NEW BANK INFORMATION (US BANKS ONLY)

Bank Name _____
Street Address _____
City, State & Zip _____
Bank Contact Name _____
Phone and Fax for Bank Contact _____
Email address for Bank Contact _____

New ABA/Routing Number _____ **Bank Account Number** _____
Account Type DA-Demand/Checking Acct SG-Savings Acct

CURRENT BANK INFORMATION (if change request)

Bank Name _____
Street Address _____
City, State & Zip _____

Current ABA/Routing Number _____ **Bank Account Number** _____
Account Type DA-Demand/Checking Acct SG-Savings Acct

Company will provide Cargill 30 days written advance notice of any changes in its depository institution or payment instructions. When properly executed this Authorization may become effective up to 14 days after Cargill's receipt.

Changes to current ACH may take up to 14 business days to become effective. In the interim, payments should be:
___ Sent to old acct ___ Sent via check ___ Held until new acct effective

Remittance details are available by fax or email, please choose one option below.

- Fax - Provide attention name on fax notification and fax number
- Email – PDF format Email – Excel format

(Email addresses cannot exceed 40 characters)

(Email addresses cannot exceed 40 characters)

Signature Authorizing ACH Enrollment/Change _____

Title and Date _____

Effective Date of New Bank Activity _____

COMPANY INFORMATION

Company Name _____
Remit Address _____
City, State & Zip+4 _____
Company Contact Name (Person Completing This Form) _____
Phone and Fax for Contact _____
Email address for Contact _____

Cargill Use Only

Cargill BU/Location: _____ JDE AB# _____
JDE Company Name (Exact From JDE) _____
Data Creator (Printed Name and Phone) _____
Data Creator Signature and Date _____
Data Verifier (Printed Name and Phone) _____
Data Verifier Signature and Date _____
Form of Data Verification Please check type and provide information.
 Via Phone: Provide phone number and name of person interviewed and relationship to person completing the ACH request.
 Via E-mail: Attach copy of email correspondence to this request.
Data Approver (Printed Name and Phone) _____
Data Approver Signature and Date _____

Mail/email/fax form to:
Your local Cargill office

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