



ACH APPLICATION

I hereby authorize Didion, Inc. to initiate entries to my checking/savings accounts at the financial institution listed below. This authority will remain in effect until Didion, Inc. is notified by me in writing to cancel it in such time as to allow Didion, Inc. and the financial institution a reasonable opportunity to act on it. I hereby represent that as the seller of the commodity for which these payments are tendered, my/our legal status is that of a "Merchant" for purposes of Chapter 402 of the Wisconsin Statutes.

Customer/Farm Account Name: _____

Address: _____

Contact Name: _____

Contact Telephone#: _____

Bank Name: _____

Account Type (circle): Checking Savings

Account Type (circle): Personal Business

Bank Account Number: _____

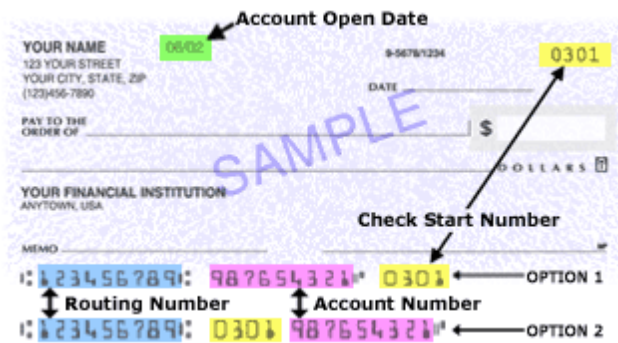
Routing Number: _____

Authorized Signature: _____ Date: _____

Settlement Sheet (check one)

E-mail
_____ (E-mail address)

Regular first-class mail
_____ (Address if different from above)



Please mail this form to:
Didion Milling – 501 S. Williams St Cambria, WI 53923