

ADDENDUM TO ELECTRONIC FUNDS TRANSFER AGREEMENT AND DISCLOSURES

This Addendum to Electronic Funds Transfer Agreement and Disclosures (the "Addendum") is a part of and contains additional terms and conditions for Part Four of the most recent Electronic Funds Transfer Agreement and Disclosures (the "Agreement") between the Association and the Customer(s) named below.

PART FOUR. ELECTRONIC TRANSFERS OF FUNDS

This Addendum authorizes the Association to make those electronic transfers of funds as described herein:

- Disbursements from your Farm Credit account.** By checking this box, each of the undersigned Customers hereby direct the Association (either directly or indirectly through AgriBank, FCB) to electronically transfer funds, from time to time, in accordance with Association procedures, out of available Customer loan proceeds and or other Farm Credit accounts identified from time to time by Customer **into** (credit) the following Customer accounts:

- Payments to your Farm Credit account.** By checking this box, each of the undersigned Customers hereby direct the Association (either directly or indirectly through AgriBank, FCB) to electronically transfer funds, from time to time, in accordance with Association procedures, to credit those Association loans and or other Farm Credit accounts identified from time to time by Customer **from** (debit) the following Customer accounts:

If the payment box has been checked, the Customer must attach a voided check for each account listed below or provide some other evidence of account ownership that is acceptable to the Association.

If the Customer wants to authorize the Association, in accordance with the terms of this Addendum, to initiate debit entries to Customer accounts in addition to those specified herein and credit the Association accounts identified from time to time by the Customer, the Customer must execute an additional Addendum to this Agreement to provide the Association with the authorization and information on the additional account(s).

Customer Information (please print)
7 Digit Customer Number:
Print Customer Name:
E-Mail Address:
<input type="checkbox"/> Send me an e-mail when my transaction(s) have been set up.

Signature(s)
X FCS Customer Signature Date
X FCS Customer Signature Date

Each of the undersigned Customers acknowledge and agree that the direction to the Association in Part Four of this Agreement to initiate debit entries to those Customer accounts specified therein applies only to those Customer accounts as to which all of the owners thereof have signed this Agreement. Each of the undersigned Customers further acknowledge and agree that if not all of such Customer account owners have signed this Agreement, the Customers must provide the Association with such signed consent by all the owners of the Customer accounts, in a form deemed acceptable to the Association, before the Association shall follow such direction.

Required Information for Deposit Account No. 1
Owner(s) of Deposit Account:
9 Digit Transit Routing Number:
Checking or Savings Account Number:
Type of Account: (Select one) <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Financial Institution Name, City & State:
Signature(s)
X Signature Depository Account Owner Date
X Signature Depository Account Owner Date

Required Information for Deposit Account No. 2
Owner(s) of Deposit Account:
9 Digit Transit Routing Number:
Checking or Savings Account Number:
Type of Account: (Select one) <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Financial Institution Name, City & State:
Signature(s)
X Signature Depository Account Owner Date
X Signature Depository Account Owner Date