

DIRECT DEBIT AUTHORIZATION FORM

Date _____ Buyer (Print Name) _____

Business Name (if applicable) _____

City & State _____ Signature _____

I hereby authorize Pharo Cattle Company to direct debit my account based on information listed below.

This authorization can only be revoked by presenting a written request to Pharo Cattle Company.

Attach a voided copy of check here *OR*
supply Routing and Account information below.

In lieu of attachment:

Name on Account _____

Routing# _____

Account# _____

Please mail this completed form back to:

Pharo Cattle Company
44017 County Road Z
Cheyenne Wells, CO 80810



Account Number
Routing Number (9 digits)