## **DIRECT DEBIT AUTHORIZATION FORM**

Date	Buyer (Print Name)
Business Name (if applicable)	
City & State	Signature
I hereby authorize Pharo Cattle Corbelow.	mpany to direct debit my account based on information listed
This authorization can only be revo Company.	oked by presenting a written request to Pharo Cattle
	a voided copy of check here <i>OR</i> ing and Account information below.
In lieu of attachment:	
Name on Account	
Routing#	
Account#	Million State Running 4 MA & A COLORES BACKGROUND, VCD DATEOCRAPH AND INCIDENTIFICE THE EXTERE SIZE INCLURES AN ARTISTICAL INSETHIGAR   Your Bank Name 1004   Your Bank Name 1004   Your Constraints 1004   Your State Name 000   Your State Name 000

Please mail this completed form back to:

Pharo Cattle Company 44017 County Road Z Cheyenne Wells, CO 80810 Account Number Routing Number (9 digits)