DIRECT DEBIT AUTHORIZATION FORM

Date	Buyer	(Print Name)
Business Name (if app	licable)	
City & State		Signature
I hereby authorize Phalisted below.	aro Cattle Company	[®] to direct debit my account based on information
This authorization ca Company [®] .	nn only be revoked	by presenting a written request to Pharo Cattle
\$		copy of check here <i>OR</i> Account information below.
In lieu of attachment:		
Name on Account		
Routing#		
Account#		THIS INCREMENT HAS A COLORED INCREDITIONAL OF DIRECTOR AND INCREMENTAL THE EXCEPTION FOR MAJORIAN PROPERTY OF THE CHARGE STATE STATE OF THE CHARGE STATE STATE STATE OF THE CHARGE STATE
Please mail this comple	eted form back to:	Memo 4,778 9034 550 9888 54 3 2 1 00 4
Pharo Cattle 44017 Coun		Account Number Routing Number (9 digits)

Cheyenne Wells, CO 80810