

**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)