## **Cargillag.com Registration Form**

Completing form Fo	r: Account Owner	Authorized User		
Full Name:		Full Le	gal Name:	
Initials:		6:4-		
Email/Username:		Signati	ire:	<del></del>
Address:		Date:		
Primary Ph#:				
	1			
Account Name	Account ID	*E-signature, On Transactio *Account Owr	ons. ACH	**Use for Authorized Users Only** Access Level
		E-sign Only E-sign & E-Tra View Only	ansactions	☐ View Only ☐ Market
		E-sign Only E-sign & E-Tr View Only	ansactions	☐ View Only ☐ Market
		E-sign Only E-sign & E-Tr View Only	ansactions	☐ View Only ☐ Market
		☐ E-sign Only ☐ E-sign & E-Tr ☐ View Only	ansactions	☐ View Only ☐ Market
Service Agreement (this "A	unt Management Service is pr greement"). This Agreement h/Pdf/CargillAg Terms and C	consists of this Registration Fo	("Cargill") subject to the C rm and the Terms and Co	CargillAg Online Account Management
				ment is correct, and that if you are ich you are listed as an Account Owne
				applicable), and each such Account w sword to you and each Authorized
	pe required to agree to the Te tive until it has been accepted		e he or she logs in using t	he password provided by Cargill. This
*For use only if Account	Owner is granting access	to Authorized User	1	
Account Owner Nam	ne (Print):			
Account Owner Signature:			☐Original ☐ Ame Initialed (Owner)	
Date:				

## **Additional Accounts Page**

(Please attach to original Registration form)

Account Name	Account ID	*E-signature, Online Grain Transactions. *Account Owner Only	ACH	**Use for Authorized Users Only** Access Level
		☐ E-sign Only ☐ E-sign & E-Transactions ☐ View Only		☐ View Only ☐ Market
		☐ E-sign Only ☐ E-sign & E-Transactions ☐ View Only		☐ View Only ☐ Market
		☐ E-sign Only ☐ E-sign & E-Transactions ☐ View Only		☐ View Only ☐ Market
		☐ E-sign Only ☐ E-sign & E-Transactions ☐ View Only		☐ View Only ☐ Market
		☐ E-sign Only ☐ E-sign & E-Transactions ☐ View Only		☐ View Only ☐ Market
		☐ E-sign Only ☐ E-sign & E-Transactions ☐ View Only		☐ View Only ☐ Market
		☐ E-sign Only ☐ E-sign & E-Transactions ☐ View Only		☐ View Only ☐ Market
		☐ E-sign Only ☐ E-sign & E-Transactions ☐ View Only		☐ View Only ☐ Market
		□Original l		
		Initialed (C	wner)_	Date

## ACH ENROLLMENT/CHANGE AUTHORIZATION FORM

This is to notify Cargill, Incorporated and/or one or more of its subsidiaries and affiliates (herein collectively called CARGILL) of enrollment or change in EFT/ACH banking instructions for the Company (name stated below) herein referred to as Company. CARGILL desires the flexibility to make payments for such goods and/or services by electronic funds transfers through the Automated Clearing House (ACH) system, and Company agrees to grant such flexibility. Therefore Company (1) authorizes CARGILL to make payment for goods and services by ACH, (2) certifies that it has selected the following depository institution, and (3) directs that all such electronic funds transfers be made via the ACH CCD transaction format. If the CTX transaction format is preferred, please specify such and provide a CTX contact. In the event of any duplicate payment, overpayment, fraudulent payment or payment made in error, the receiving party will immediately return such payment upon confirming the occurrence of any of the foregoing.

**COMPANY INFORMATION** 

NEW BANK INFORMATION (US BANKS ONLY)	COMPANT INFORMATION			
Bank Name	Company Name  Remit Address  City, State & Zip+4			
Street Address				
City, State & Zip				
Bank Contact Name	Company Contact Name (Person Completing This Form)			
Phone and Fax for Bank ContactEmail address for Bank Contact	Phone and Fax for ContactEmail address for Contact			
New ABA/Routing Number Bank Account Number	Cargill Use Only			
Account Type DA-Demand/Checking Acct SG-Savings Acct	Cargill BU/Location: JDE AB#			
CURRENT BANK INFORMATION (if change request) Bank Name	JDE Company Name (Exact From JDE)			
Street Address	Data Creator (Printed Name and Phone)			
City, State & Zip	Data Creator Signature and Date			
Current ABA/Routing Number Bank Account Number				
Account Type DA-Demand/Checking Acct SG-Savings Acct	Data Verifier (Printed Name and Phone)			
Company will provide Cargill 30 days written advance notice of any changes in its depository institution or payment instructions. When properly executed this Authorization may become effective up to 14 days after Cargill's receipt.	Data Verifier Signature and Date			
Changes to current ACH may take up to 14 business days to become effective. In the interim, payments should be: Sent to old acct Sent via check Held until new acct effective	Form of Data Verification Please check type and provide information.  Via Phone: Provide phone number and name of person interviewed and relationship to person completing the ACH request.			
<b>Remittance details</b> are available by fax or email, please choose one option below.				
Fax - Provide attention name on fax notification and fax number	Via E-mail: Attach copy of email correspondence to this request.			
Email – PDF format Email – Excel format	Data Approver (Printed Name and Phone)			
(Email addresses cannot exceed 40 characters)	Data Approver Signature and Date			
(Email addresses cannot exceed 40 characters)				
Signature Authorizing ACH Enrollment/Change	Mail/email/fax form to: Your local Cargill office			
Title and Date	Total wom on But office			
Effective Date of New Bank Activity				

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