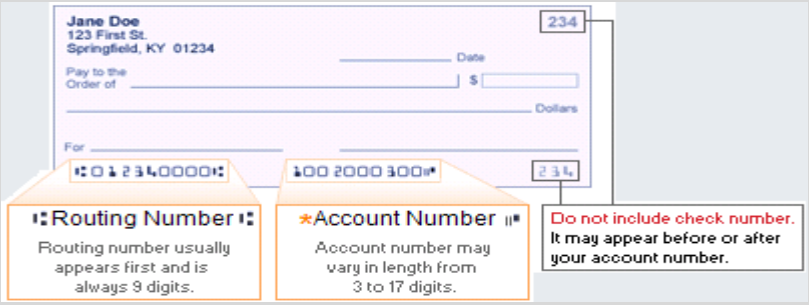
DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I (We) hereby authorize **RICELAND FOODS, INC.**, CO TX .I.D. NUMBER **71-0578942** hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries for any credit entries made in error to my (our) account listed below and the financial institution hereinafter called INSTITUTION, named below to credit or debit the same to such account.

Financial Institution (name)	City	State	Zip Code

MUST ATTACH CANCELED CHECK
(not a deposit slip)



ROUTING NUMBER	ACCOUNT NUMBER

This authority is to remain in full force and effect until COMPANY has received **written** notification from me (or either of us) of its termination in such time and in such manner as to allow COMPANY and INSTITUTION a reasonable opportunity to act on it.

Name(s) on Account (please print)	Contact Phone Number
Signature(s)	Date

eMail Address	

Patron Account #	Patron Account Name	Tax ID
Patron Account #	Patron Account Name	Tax ID
Patron Account #	Patron Account Name	Tax ID

To be filled in by Riceland Members Services

Entered by:		Verified by:	
Date:		Date:	