



Direct Deposit Authorization Form

Please print and complete ALL the information

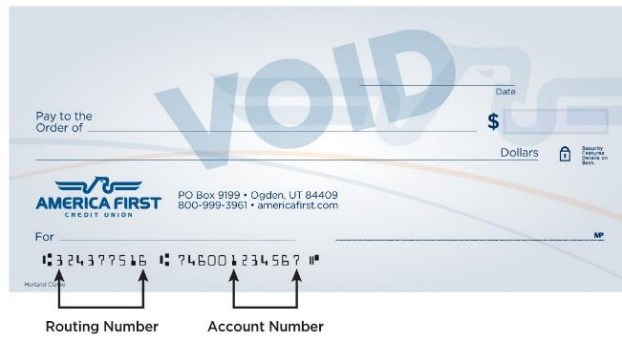
Shareholder Name: _____
(as it appears on your stock certificate)

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

**ATTACH VOIDED
CHECK HERE**



Name of Bank: _____

Account Number: _____

9-Digit Routing Number: _____

Type of Account: Checking Savings (check one)

Authorization Agreement

I hereby authorize Glacial Lakes Corn Processors/Glacial Lakes Energy to initiate automatic deposits to my account at the financial institution named above. I also authorize GLCP/GLE to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold GLCP/GLE responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until GLCP/GLE receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

*NOTE: All names that appear on the stock certificate must sign this form. For entities, it must be the authorized representative on file.

Dated this _____ day of _____, 20_____.

Shareholder Signature(s): _____

Printed Name: _____

Please attach a voided check for the bank account that the funds should be deposited