



ACH SETUP FORM

I hereby authorize United Wisconsin Grain Producers LLC (THE COMPANY) to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until THE COMPANY is notified by me in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State & Zip)

(Signature)

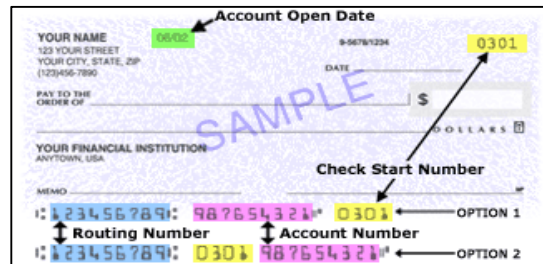
(Date)

(Account Name - PLEASE PRINT)

(Address - PLEASE PRINT)

Checking/Savings (Circle Type)

Account Number: _____
(see image)



Financial Institution Routing Number: _____
(see image)

Settlement Sheet (check one):

e-mail

(e-mail address)

regular first-class mail

(address if different from above)