



ACH SETUP FORM - Investor

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.

INVESTMENT INFORMATION (separate forms are needed for each investment):

Investment/Entity Name - PLEASE PRINT _____

Investment Address - PLEASE PRINT _____

Phone _____

E-mail Address _____

Signature* _____

Date _____

Signature* _____

Date _____

* Joint owners must both sign. When signing as attorney, executor, administrator, trustee or guardian, please note that fact.

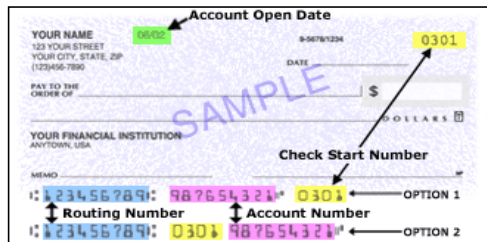
FINANCIAL INFORMATION (Must submit a VOIDED check):

(Name of Financial Institution) _____

Account Name - PLEASE PRINT _____

Checking/Savings (Circle Type)

Account Number: _____
(see image)



Financial Institution Routing Number: _____
(see image)

Submit this form along with a VOIDED check via email (kbecker@uwgp.com), fax (920-348-5009) or mail (P.O. Box 247, Friesland, WI, 53935)