

HENSALL CO-OP MEMBERSHIP APPLICATION

*How do you wish to pay the \$100 membership fee? Payment enclosed:

Online: Cre

Credit Card: (2.40% SURCHARGE)

* Required fields - this application will not be processed without this information.

*Applicant Full Legal Name:							
*Full Mailing Address (include 911 municipal address, Town/City, Province and Postal Code):							
*Primary Phone:	Mobile Phone (if different from Primary):				te of Birth (DD/N	MMM/YYYY):	
*Social Insurance Number (SIN):	*Email Address						
Or- Meaning only one party must sign or authorize deposits and withdrawalsAnd- Meaning all parties must sign or authorize deposits and withdrawals							
Co-Applicant Full Legal Name (if applicable):							
Full Mailing Address (include 911 municipal address, Town/City, Province and Postal Code):							
Primary Phone:	Mobile Phone: (if different from Primary)			Date	of Birth (DD/MM	1M/YYYY):	
Social Insurance Number (SIN): Email Address:			ldress:				
*Farm Type: Cash Crop Swine	Poultry	Dairy IP/Dry Beans Other			Other		N/A
*Hensall Co-op Products and Services Currently Used:Grain MarketingEnergy (Fuel/Propane)Food Grade SoybeansEdible Dry BeansAnimal NutritionInvestments							
Size of Operations: # of Acres Owned: # of Acres Rented:							
Do you have any on farm storage? Yes No If yes, how much?							
Closest Hensall Co-op location:							
Do you currently do business with Hensall Co-op? Yes No Current Hensall Co-op contact:							
What business divisions would you like to learn more about?Grain MarketingEnergy (Fuel/Propane)IP/Dry BeansCrop Input Products (Fertilizer, Seed, Ag Chemicals)Animal NutritionN/A							
How did you hear about Hensall Co-op? Social Media Friend/Family Ontario Farmer Other							
I agree to receive Hensall Co-op emails about Ag Alerts, Product Updates, Promotions and Member Newsletters Yes No							
*A void cheque and Direct Deposit form are required (see page 2)							
*An original piece of photo identification must be provided for each applicant to the Hensall Co-op employee you are submitting the application to. For electronic submissions, please send copies of <u>2 pieces of identification per applicant</u> (i.e., driver's license, passport, permanent resident card, provincial government ID card etc. Health cards are not an acceptable form of identification).							
Signature of Applicant		D	ate				

Date

Please submit applications to <u>memberservices@hdc.on.ca</u>.

If you have any questions, please email or call 1.800.265.5190 and press option 2.



DIRECT DEPOSIT FORM

In an effort to streamline our accounting processes and ensure our members are paid in a timely manner, we are introducing direct deposit as our new form of payment. To set this up we require a **Void cheque or Direct Deposit Form** and the following banking information:

Bank Institution Number (3 digits):

Transit Number (5 digits):

Bank Account Number :

Full legal name of You or Company:

Hensall Co-op Member Number (6 digits):

Contact name:

E-mail address:

I agree to send a void cheque or direct deposit form from my bank with this form: _

Initial

Signature:

Please ensure the following email address <u>info@hdc.ccsend.com</u> is added to your contact list. This will ensure emails concerning EFT payment details will not be considered spam or junk mail by your email server.

Going forward, should your banking information and/or contact information change, please advise us as promptly as possible.

What does this mean to you? Direct Deposit means no hold on funds deposited to your account. You're assured funds will be deposited as you no longer have to wait for the cheque to arrive and be deposited.

We respect and adhere to the privacy laws of Canada.

If you have any questions, please feel free to contact:

Sylvie Atwell Member Services and Credit Manager Hensall Co-op 519.262.3511 ext. 262 satwell@hdc.on.ca