



ACH or EFT Direct Deposit Authorization Form

VENDOR NAME \_ sells goods and/or services to The Mosaic Company, Incorporated and/or one or more of its wholly owned subsidiaries (herein collectively called The Mosaic Company). THE MOSAIC COMPANY desires the flexibility to make payments for such goods and/or services by electronic funds transfers through the Automated Clearing House (ACH-US) system or through the Electronic Funds Transfer (EFT-Canadian), and Company agrees to grant such flexibility. Therefore, Company (1) authorizes THE MOSAIC COMPANY to make payment for goods and services by ACH/EFT, (2) certifies that it has selected the following depository institution, and (3) directs that all such electronic funds transfers be made via the ACH or EFT transaction format. In the event of any duplicate payment, overpayment, fraudulent payment or payment made in error, the receiving party will immediately return such payment upon confirming the occurrence of any of the foregoing.

BANK INFORMATION

Bank Name
Bank Contact Telephone #
Street Address
City State /Province
ABA/Routing Number(US BANKS) BANK # & TRANSIT #(CANADIAN)
Bank Account Number

COMPANY INFORMATION

[VENDOR ID]
[VENDOR NAME]
[STREET ADDRESS]

If address above is a remit address, please provide company street address below:

[Blank line for company street address]

Remittance details are now sent via email. If you wish to receive remittance details, please provide your email address below:

[Blank line for email address]

Email address(es) cannot exceed 40 characters.

Account Type (please circle or

DA (Demand Acct/ Checking Acct)

SG (Savings Acct)

\*\*\* For this request to be processed, you must attach a voided check or your banking information on business letterhead. If name and/or address on supporting documents are not the same as above, please explain. \*\*\*

Company will give thirty (30) days advance notice in writing to THE MOSAIC COMPANY of any changes in its depository institution or other payment instructions. When properly executed, this Authorization will become effective immediately after its receipt by THE MOSAIC COMPANY.

Name of Company

Authorized Signature

Title Date

Mail, fax, or email scanned form with Authorized Signature along with docum
Mosaic Address Book
10210 Highland Manor Dr, Suite 350
Tampa, FL 33610
mosaic.addressbook@mosaicco.com Fax: (813) 284-1722

(Below for The Mosaic Company Information Only)

Division/Location: Division Contact/Phone: