

STANDARD MILK ASSIGNMENT FORM

MILK HANDLER: _____

DO NOT WRITE IN THIS BOX	
Contract No.	_____
Date Entered	_____

Date: _____

To: Dairy Marketing Services, P.O. Box 4844, Syracuse, NY 13221-4844
Attn: Producer Payments

You are hereby authorized and directed to deduct monthly from any sums which may become due and owing me for milk sold under the provisions of my contract with your association.

SELECT ONLY ONE 1) the sum of _____ Dollars per month

OF THE THREE 2) _____ percent of gross amount per month

METHODS OF PAYMENT 3) _____ Dollars per cwt per month

The deduction and payments are to continue until the balance of _____ dollars have been paid in full.

Make check payable to: _____

Address _____ City _____ State _____

Zip Code _____ Telephone No. (____) _____

In consideration of the acceptance of this authorization by the Association and payments to be made there under, it is understood and agreed between the above named payee, and the undersigned and the Association as follows:

That the Association shall incur no liability whatsoever for failure to make deductions and payments as herein specified; that such deductions shall be made subject and subordinate to any and all claims of the Association against the undersigned. The Association is hereby authorized to retain from each deduction made hereunder a service charge to cover the expense of making the deduction.

The above authorization and direction shall become effective as to milk produced during the month of _____ 20____, Check Month _____ 20____

Producer Signature _____ **Date Signed** _____

Print Name _____ **Producer No.** _____

Address: _____ **City** _____

State _____ **Zip Code** _____ **Telephone No** (____) _____

Signature of Assignee or Witness _____

Address of Assignee or Witness _____

SELECTION OF ONE OF THE THREE METHODS OF PAYMENT IS NECESSARY IN ORDER TO FACILITATE PROCESSING OF MILK ASSIGNMENT ON ASSOCIATE'S MACHINE ACCOUNTING SYSTEM

Fax completed form to: 315-433-2345 c/o Eagle Dairy Direct®