

**MIDDLEBURY COOPERATIVE MILK
PRODUCERS ASSOCIATION INC.**

717 Mosher Rd.
Little Marsh, PA. 16950
Phone: (570) 376-2192
Fax : (570) 376-2301

Standard Milk Assignment Form

**To: Middlebury Cooperative
Milk Producers Association Inc.
717 Mosher Rd.
Little Marsh, Pa. 16950**

From: _____.
_____.
_____.
Date: _____.
Producer No. _____.

Gentlemen:

You are hereby authorized and directed to deduct, per month, from any sums which may become due and owing me for milk delivered to Middlebury Co-Op the sum of \$ _____.
and pay to :

_____.
_____.
_____.

Said deduction and payments effective for the milk produced in the month of _____, 20 _____.
and shall continue until written notification is given by _____.
or the undersigned.

In consideration of the acceptance of this authorization by Middlebury Cooperative Milk Producers Association Inc. and payments made thereunder, it is understood and agreed that Middlebury Cooperative Milk Producers Association Inc. Shall incur no Liability whatsoever for failure to make deductions and payments as herein specified.

Witness: _____ **Signature:** _____.

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ACCEPTANCE

The Undersigned Association, by and through its duly authorized officer, hereby consents to and accepts the above assignment and agrees to make said deductions and payments therein provided when due and payable thereunder, but accepts no liability for failure to make said deductions and payments.

Date:_____.

**Middlebury Cooperative Milk
Producers Association Inc.**

_____.