DAIRY FARMERS OF ONTARIO
ATTENTION: FINANCE DIVISION
6780 Campobello Road, Mississauga, Ontario L5N 2L8
Telephone (905) 821-8970 Fax (905) 821-0116

The policies book posted on DFO's website (www.milk.org) contains the most up-to-date policies and will be used for all policy and quota transaction interpretation.

APPLICATION TO REGISTER A MONTHLY ASSIGNMENT OF MILK PROCEEDS

DFO Licence No. _____

Name on DFO Licence _____

Address _____

Telephone Numbers

Primary: _____ Cell: _____

I hereby authorize and direct Dairy Farmers of Ontario on my behalf to remit the monies from the monthly milk proceeds as set forth below to the assignee indicated below.

(a) _____ % of the net value payable after DFO deductions, charges and/or losses.

(b) _____ % of the gross value payable but not to exceed net value payable.

(c) $_____ monthly until the sum of $ _____ has been remitted.

(d) $_____ monthly until _____/_____/_____.
Month Day Year

This assignment of milk proceeds will remain in force providing funds are available until such time as the total sum where specified above has been remitted, the term has expired or this assignment is cancelled in writing by Dairy Farmers of Ontario or revoked: (check one box only)

❑ by the assignor, or

❑ by the assignor and _____.
Name of Assignee

Payable to:

Name of Assignee _____ Assignee Ref. No.* _____

Assignee Authorized Representative's Name _____

Address _____

Assignee Telephone No. _____

Initial payment to commence on or about _____ 15th, 20_____, from net amount due and payable for previous month's milk receipts.

Producer Authorization - By signing, I/we declare that we have the authority to bind our business entity.

WITNESS' NAME (non-family member) *(please print)*	WITNESS' SIGNATURE	ASSIGNOR'S (Producer) NAME *(please print)*	ASSIGNOR'S (Producer) SIGNATURE	DATE SIGNED

Dated at _____ this _____ day of _____, 20 _____.

FOR DFO OFFICE USE ONLY

Dairy Farmers of Ontario hereby acknowledges receipt and consent of the above assignment starting the month of

_____ for _____, 20 _____ milk shipments. Expiry _____/_____
Month Year

Authorized Signature _____ Date _____

* Optional field