



Authorization Agreement for Electronic Funds Transfer (ACH Debit)

NEW EFT EFT ACCOUNT CHANGE

Policy Number: \_\_\_\_\_

Insured Name(s): \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_

Checking Account

Savings Account

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Re-enter Account Number \_\_\_\_\_

Bank Account Name (if different from Insured Name): \_\_\_\_\_

Monthly Withdrawal Date:\* \_\_\_\_\_

\*Note: Withdrawal date must be within 5 days after the policy effective date. For example, if your policy is effective 1/10/2016, the default withdrawal date is the 10th of the month. You may move it up 5 days for a withdrawal date of the 15th. Amount of withdrawal will be based upon the remaining account balance and the number of months left in the current policy term.

Agreement:

I (we) authorize Colorado Farm Bureau Mutual Insurance Co. to electronically debit from my (our) bank account indicated above. The authority to initiate entries shall include the authority to initiate credit entries and adjustments for the purpose of correcting any erroneous debits. I (we) understand that Colorado Farm Bureau Mutual Insurance Co. reserves the right to remove me (us) from the EFT program should my payment be returned from the bank for any reason. I (we) agree that EFT transactions I (we) authorize comply with all applicable law.

I (we) understand that this authorization will remain in full force and effect until I (we) notify Colorado Farm Bureau Mutual Insurance Co. in writing to 9177 E. Mineral Circle, Centennial, CO 80112 that I (we) wish to revoke this authorization. I (we) understand that Colorado Farm Bureau Mutual Insurance Co. requires at least 10 business days prior notice in order to cancel this authorization.

Farm Bureau Membership Dues

Farm Bureau Membership is a requirement to have insurance. Any funds received will first be applied to any unpaid membership; all remaining funds will then be applied to the remaining balance.

Account Holder Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Number: \_\_\_\_\_