



# 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 \_\_\_\_\_

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

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

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

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

*\*Note: Withdrawal date must be within five (5) days after the policy effective date. For example, if your policy is effective 1/10/2016, the default withdrawal date is the 10<sup>th</sup> of the month. You may postpone the Withdrawal Date for up to five (5) days, resulting in a scheduled withdrawal date of the 15<sup>th</sup> in the example. The amount of withdrawal will be based upon the remaining Account Balance shown on your invoice and the number of months left in the current policy term.*

**Agreement:**

I (we) authorize Colorado Farm Bureau Mutual Insurance Co. ("Farm Bureau") to electronically debit payments 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 I (we) must ensure the bank information provided is accurate, legitimate and up-to-date. I (we) also understand that I (we) must ensure the availability of funds to satisfy the minimum due. I (we) understand that Farm Bureau 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 on these EFT transactions that 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 Farm Bureau *in writing to 9177 E. Mineral Circle, Centennial, CO 80112* that I (we) wish to revoke this authorization. I (we) understand that Farm Bureau requires *at least 10 business days* prior notice in order to cancel this authorization. I (we) further understand that revocation of this authorization will not affect my (our) liability or obligations to pay the minimum due on or before the due date listed on the invoice.

**County Farm Bureau Membership Dues**

Membership in your local Farm Bureau agricultural organization, as well as affiliated state and federal Farm Bureau agricultural organizations, is required in order to purchase and maintain insurance with Farm Bureau. Dues directed toward these entities are in consideration of membership and other agricultural services, and are not premiums, nor are they consideration for coverage under any policy. Any EFT funds received will first be applied to any unpaid membership dues; all remaining funds will then be applied to the remaining balance.

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

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

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