



COLORADO FARM BUREAU MUTUAL INSURANCE COMPANY  
P.O. BOX 5647 DENVER, COLORADO 80217

### AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (DEBITS/CREDITS)

NEW

CHANGE

#### YOUR BANK ACCOUNT INFORMATION

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

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

Checking Account  
A voided check must be attached.

Savings Account  
Attach a savings deposit slip.

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

Email Address: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_  
Policy Effective Date is default

**NOTE:** Withdrawal Date must be within 5 days after the policy effective date. Fore example, if your policy is effective 1/10/2007, the default withdrawal date is the 10th of the month, but you may move it up to 5 days. So you could request a withdrawal date of the 15th.

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

Transit Routing No.: \_\_\_\_\_

Account No.: \_\_\_\_\_

PLEASE ATTACH VOIDED CHECK HERE

**AGREEMENT:**

I (we) hereby authorize the above named Company (hereinafter referred to as "COMPANY") to initiate debit/credit entries to the account indicated above with the depository named above (hereinafter referred to as "BANK"). The authority to initiate entries shall include the authority to initiate credit entries and adjustments to any debit entries, for the purpose of correcting any error in the initiation or processing of credit entries pursuant to this authority. I(we) understand the COMPANY reserves the right to remove me(us) from the EFT program should my payment be returned from the BANK for any reason. The authority herein granted shall remain in full force and effect until COMPANY has received written notice from one of the undersigned of termination. The termination of authority shall take effect within such time as the BANK and/or COMPANY has a reasonable opportunity to act pursuant to the termination.

**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.

Any request to revoke or change this agreement must be in writing.

(please print)

Your Name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_

Agent Name/#: \_\_\_\_\_ Date Signed: \_\_\_\_\_