

**FARM BUREAU ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM**

**CUSTOMER NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**DAYTIME TELEPHONE NUMBER:** ( ) \_\_\_\_\_

**Farm Bureau MEMBERSHIP / POLICY Number(s):** \_\_\_\_\_

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Bank phone number:** \_\_\_\_\_

**Select one:**

Account Number: \_\_\_\_\_ Checking  Savings   
(Please attach a voided check for Checking or a deposit slip for Savings account)

I authorize Missouri Farm Bureau Insurance Companies and Missouri Farm Bureau Federation (collectively Missouri Farm Bureau) to deduct insurance premium and/or Membership Dues from the account number at the financial institution named. I also authorize my financial institution to deduct from my account number listed, the appropriate dollar amount to pay:

My Missouri Farm Bureau Dues:  \$30 Annually\* or  \$2.70 per Month for those on monthly pay plan\*  
**\*please note that Membership dues are non-refundable**

My \$2 FARM-PAC voluntary annual contribution:  Individual or  Business/Corp.

Additional FARM-PAC annual contribution of \$ \_\_\_\_\_

Missouri Farm Bureau Foundation annual contribution of \$ \_\_\_\_\_

*The undersigned acknowledges and agrees that Missouri Farm Bureau is only obligated to process one time through the undersigned's bank any payment due for insurance premium and /or membership dues. The undersigned assumes all responsibility if any payment due is not paid by the bank when an electronic funds payment request or deduction is presented by Missouri Farm Bureau, even if the payment request or deduction is only submitted once by Missouri Farm Bureau. Missouri Farm Bureau Insurance Companies has the right to discontinue the Electronic Funds Transfer if two or more deductions are not honored. Missouri Farm Bureau will notify me in advance whenever the deduction amount or draw date changes.*

*If I elect to receive my invoice electronically, I understand that it is my responsibility to maintain the e-mail address on file or to obtain same from the Farm Bureau web site. Failure to do so on my part shall impart no responsibility to Farm Bureau.*

I elect to receive my invoice electronically

I elect to receive a paper invoice

e- mail address: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_