

Electronic Funds Transfer Authorization Form

I authorize Farmers Mutual Insurance Company of Nebraska to initiate variable entries to the checking or savings account identified below for payment of my insurance premium. The financial institution named below (and its successors &/or assigns) is authorized to withdraw insurance premiums from my account.

I understand that:

- This authorization will remain in effect until I revoke it in writing. If I decide to revoke this authorization, I need to give the company 10 days advance notice.
- Premium payments will be collected monthly as shown on the Electronic Funds Transfer (EFT) Statement. If the withdrawal date falls on a weekend or holiday, I need to contact my financial institution to determine if the withdrawal will be collected on the business day before, or after, the weekend or holiday.
- If the designated checking or savings account has insufficient funds at the time of the withdrawal, my policy may be canceled after the appropriate notice required by law.

I have read the terms above and agree to them.

SIGNATURE

Date

Please indicate: _____ New Enrollment _____ Change

- Checking
 Savings

Financial Institution Name

Bank Routing Number (ABA)

Account Number

Policyholder Name

Monthly withdrawal date
(1-28, if other than policy effective date)

File Number

Policy Number(s) * Required Policy Term: (Auto – 6 mo., other lines – 12 mo.)

Term Premium

Down Payment **

1.

2.

3.

Agency:

Agency Number:

- Down payment enclosed
 Charge agency for down payment.

* Please indicate the prefix of the policy if submitting this form for a new policy.

** A 1-month down payment is required.

Attach a voided check here.

PLEASE COMPLETE THE FORM IN ITS ENTIRETY

