



701 S. Country Club Drive, P.O. Box 658, Jefferson City, MO 65109

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.

Section A: (Required) Farm Bureau Policy Number(s)

Selective Due Date : _____ (For Monthly Only)

Section B: Farm Bureau Membership Membership dues are non-refundable

Missouri Farm Bureau Dues. My membership number is: _____ \$30 Annually or \$2.70 Monthly*
*Selective Due Date for monthly will be the same as selected above
 FARM-PAC voluntary annual contribution of \$5.00 Additional FARM-PAC annual contribution of \$ _____
 Missouri Farm Bureau Foundation voluntary annual contribution of \$5.00 Additional Farm Bureau Foundation annual contribution of \$ _____
 Individual or Business/Corp

Section C: (Required) Banking Information

Bank Name: _____ Bank Routing Number: _____
Bank Address _____ Bank phone number (____) ____ - _____
Checking Account Number: _____
OR
Savings Account Number: _____

Section D: Electronic Billing

I elect to receive my invoice electronically. My email address is: _____

Invoices will not generate on Monthly Life policies unless combined with other lines of business also billing monthly.

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.

Section E: (Required) Signature

Printed Name: _____ Daytime Phone Number: (____) ____ - _____

Authorized Signature (Required)

Date (Required)

The undersigned acknowledges and agrees that the above Membership/Policy number(s) and bank account number are true and accurate. 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 Insurance Companies has the right to discontinue the Electronic Funds Transfer if two or more non-EFT payments are made. Missouri Farm Bureau will notify me in advance whenever the deduction amount or draw date changes. The undersigned understands that this authorization will remain in full force and effective until the undersigned notifies Missouri Farm Bureau in writing to revoke this authorization. The undersigned understands that Missouri Farm Bureau requires at least 30 days prior notice in order to cancel this authorization.