

Printed Name of Secondary Account Holder

IMPORTANT - ACTION REQUIRED

Agreement for Direct Payments (ACH Debits)

This form must be completed, signed and returned to Farm Bureau Bank FSB before your automatic payment request is activated.

Authorization

I (we) hereby authorize Farm Bureau Bank to initiate the following debit entries to my (our) bank account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This automatic payment method will be effective on your next payment due date, after receipt of the completed document.

(Allow up to 15 days prior to due date for set up and activation)

Transfer Type:	Recurring Transfer	Transfer \$	monthly on the	day of the month.	
	One-Time Transfer	- \$		understand there is a \$5.00 fee per	
From:				porary Checks or Deposit Slips.	
This is the bank from where the payment will be withdrawn.			JOHN Q. SMITH 555 Maple Street 555-1234	1936	
Account Type:	Checking	Savings	Hometown, TX 56789 PAY TO THE ORDER OF	DATE S	
Bank Name:		<u> </u>	X X X	DOLLARS DOLLARS	
Routing #:			FARM BUREAU BANK C/O Operations Center PO Box 33427 San Antonio, Texas 78265-3427		
Account #:			FOR -: 000000184: 00000	0529 r* 1936	
IMPORTANT: Pleas	e verify with your banking utomatic debits.	institution that the	Bank Routing Number Checking Accou account and routing number	int Number Check Number ers above are correct and eligible	
То:					
Account Type:	Checking	Savings	Installı	ment Loan	
Bank Name:	ank Name: Routing #:				
Account #:					
	in full force and effect until I (or eitersonable opportunity to act on it.	her or us) give mailed, faxe	d, phone, or e-mail notification of its	s termination in such time and in such manner as	
				rour payment is not made via ACH, your Annual rte, as disclosed in your loan agreement.	
•	H debit on your behalf for credit to y processed before 3:00 p.m. (CT) to	•	•	rawal until the 3rd business day following the trans	
Signature of Pri	mary Account Holder	 Date	Print and Fax/Ma	il completed form to:	
5	•		Farm Bureau Bank I	•	
Printed Name of Primary Account Holder			P.O. Box 33427 San Antonio, TX 782	265-3427	
Signature of Secondary Account Holder Date		Date	Phone: 800.492.3276 Fax: 866.913.5087 E-mail: services@farmbureaubank.com		