

User Signature: _

Farm Bureau Bank P.O. Box 33427 San Antonio, TX 78265-3427 Fax: 866.913.5087

Joint Account Owner/Authorized Signer Authorization

This form is used to add or remove **Joint Account Owners** or **Authorized Signers**. Please complete, print, sign and return this form to Farm Bureau Bank.

Joint Account Owners: have rights of survivorship, can add or remove signers from the account, and share the legal resposibility of the account.

Authorized Signers: are only authorized to sign checks and withdraw funds from the account.

	ACCO	OUNT OWNER		
Date		Phone Number		
Account Owner Name		Account Number		
Please remove the person below from my F	arm Bureau account.			
Please add the person below to my Farm B		owing capacity:		
Joint Account Owner				
Authorized Signer (Business or Health	Savings accounts only)			
Authorized to obtain information only				
Account Owner Signature:		Date:		
JOINT ACC	COUNT OWNER/A	UTHORIZED SIGNER INFO	RMATION	
First Name	MI	Last Name		
Social Security Number		Date of Birth		
Physical Address		City	ST	Zip
Mailing Address (If different from above)		City	ST	Zip
Driver's License*	State	Home Phone Number	,	Work Phone Number
* If Driver's License is not available, provide a copy of	Photo Identification (front &	k back)		
Account Options (if applicable): Please review your account Terms and Conditions to v	erify availability to Visa® De	ebit card access on your account.		
Yes, please send a free Visa® Debit card for	the Designated account	user above.		
Yes, please send checks with updated inform	nation (fees will apply).			
Under penalty of perjury, I certify that the numb Important information about procedures money laundering activities, Federal Law require account. What does this mean to you? We will as to see your Driver's License or other identifying	for adding Authorized s all financial institutions sk your name, address, da	I Signers to an account: To help the to obtain, verify and record informat	ion that identifies e	ach person connected to an
Added/Removed				

Date:

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