

IMPORTANT - ACTION REQUIRED

Agreement for Direct Payments (ACH Debits)

This form must be completed, signed and returned to Farm Bureau Bank FSB for your automatic payment request to activate.

You may also set up automated payments at www.farmbureaubank.com/ACH.

Authorization

I (we) hereby authorize Farm Bureau Bank to initiate debit entries from the account identified below. This authorization relates to all payments owed on the Farm Bureau Bank account identified below and the related contract. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Please allow up to 30 days after mailing this completed form for automated payments to activate.

Continue to make your payments until the ACH process takes effect.

From:		Do Not Use Temporary Che	ecks or Deposit Slips.
This is the bank from where the payment will be withdrawn.		John Q. Smith 99999 55 Maple Street 555-1234 Hometown, TX 56789	
Account Type: Checking	Savings	JANY TO THE CHICAGO OF	\$
Bank Name:		Colon Stitle of Tarol Colon Co	OOLLARS
Routing #:		1234567891 09876543	210123/ 99999
Account #:		Bank Routing Number Checking Acco	unt Number Check Number
IMPORTANT: Please verify with your ba automatic debits.	nking institution that the	account and routing numbers above	are correct and eligible for
Го:			
Bank Name: <u>Farm Bureau Bank</u>	Routing #: 121281892	Account #:	
This authorization is to remain in full force and effect until l Bureau Bank reasonable opportunity to act on it.	(or either or us) give mailed, faxed	d, phone, or e-mail notification of its termination in	such time and in such manner as to afford Fa
Loans: Farm Bureau Bank reserves the right to cancel any (APR) will increase as noted in your loan agreement. You d			
		Print and Fax/Mail com	ploted form to:
Signature of Primary Account Holder	Date	Farm Bureau Bank FSB P.O. Box 33427	preceu romi to.
Printed Name of Primary Account Holder		San Antonio, TX 78265-3427	
		Phone: 800.492.3276 Fax: 866.913.5087	
Signature of Secondary Account Holder	Date	E-mail: services@farmbureaub.	ank.com
Printed Name of Secondary Account Holder			