

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
		beginning on _		_
	One-Time Transfer	- \$	For this type of transfer, I understand there is a \$5.00 fee pe transaction except for funds used in account activations.	
From:			Do Not Use Ter	nporary Checks or Deposit Slips.
This is the bank from v	where the payment will be	withdrawn.	JOHN Q. SMITH 555 Maple Street 555-1234	
Account Type:	Checking	Savings	Hometown, TX 56789 PAYTO THE ORDER OF	DATE
Bank Name:				DOLLARS DOLLARS
Routing #:			FARM BUREAU BANK C/O Operations Center PO Box 33427 San Antonio, Texas 78265-3427 FOR	EX COLUMN TO A COL
A #1			:0000018F: 0000	00529" 1936 MARKAN MARKANANANANANANANANANANANANANANANANANANA
IMPORTANT: Pleas			Bank Routing Number Checking Ac	count Number Check Number bers above are correct and eligible
То:				
Account Type:	Checking	Savi	ngs Insta	llment Loan
Bank Name:			Routing #:	·····
Account #:				
	in full force and effect until I (or ei easonable opportunity to act on it.	ther or us) give mailed,	faxed, phone, or e-mail notification of	its termination in such time and in such manner as
				f your payment is not made via ACH, your Annual date, as disclosed in your loan agreement.
	H debit on your behalf for credit to processed before 3:00 p.m. (CT) to			drawal until the 3rd business day following the trans
Signature of Pri	mary Account Holder	Date	Print and Fax/M	ail completed form to:
Printed Name of Primary Account Holder			Farm Bureau Bank FSB P.O. Box 33427 San Antonio, TX 78265-3427	
Signature of Secondary Account Holder Date		Date	Phone: 800.492.3276 Fax: 866.913.5087 E-mail: services@farmbureaubank.com	