



AGREEMENT

I hereby authorize Farm Bureau Companies to make deposits to my account and for the Financial Institution named below to accept those deposits. I also authorize Farm Bureau Companies to make withdrawals from my account if necessary to correct an incorrect deposit amount and for the Financial Institution to accept such withdrawals.

Farm Bureau will complete Account Number and ABA Transit Numbers from the voided check attached below. This authority is to remain in full force until Farm Bureau has written notification from me of its termination in such time and in such manner as to afford Farm Bureau a reasonable opportunity to act on it.

Owner Name: _____

Payee/Annuitant: _____

Contract/Policy #: _____ Social Security#: _____

Date: _____
(Signature of Bank Account Owner(s))

Date: _____
(Signature of Bank Account Owner(s))

Account Information: **Checking** **Savings**

Financial Institution Name: _____

Address: _____

City, State: _____

Financial Institution Transit/ABA #: _____

Account #: _____

PLEASE ATTACH VOIDED CHECK HERE

Note: Deposit Slips are NOT Acceptable