

Authorization Information for _____

*Billing Client Number: _____

*Policy Number: _____

Agent: _____

Phone: _____

*To be completed when policy is bound

Personal Lines Customer Service:
Toll Free 866-399-FBFS (3237)

785-587-6011

Commercial Lines Customer Service:
800-526-7270

785-587-6002

First Requested Draw Month (bank changes only): _____

Payment Frequency: Monthly Quarterly Semi-Annual Annual

E-mail Address: _____

Please note: Billing notices will be mailed to you only if there is a change in your scheduled amount due. Please update your financial records accordingly. Visit www.FBFS.com to register for account access, to view your billing statements online or sign up for paperless billing.

Electronic Funds Transfer (EFT) Authorization

I authorize Farm Bureau Property & Casualty Insurance Company and/or Western Agricultural Insurance Company to automatically deduct payment from my bank account to pay for my insurance premium and Annual Membership dues, if listed on bill. The authorization is to remain in effect until I provide written notification to change my bank account information or to stop deduction of funds, which must be completed at least five business days prior to the scheduled withdrawal date. Please include a voided check. (Please note: Your bank/credit card statement will display all or part of the following description: "FB P-C Ins Payment" or "AgMax Payment")

Type of Account (check one) Checking Account Savings Account

Routing Number _____

Account Number _____

Withdrawal Date _____
(Cannot choose the 29th, 30th, or 31st)



Please upload to Workflow or fax to 877-860-2902 or 800-404-4459.

Signature _____ Today's Date _____
electronic signatures are not accepted

Credit/Debit Card Authorization (withdrawal date is policy effective date)

I authorize Farm Bureau Property & Casualty Insurance Company and/or Western Agricultural Insurance Company to automatically charge this credit/debit card for my insurance premium and Annual Membership dues, if listed on bill. The authorization is to remain in effect until I provide written notification to change my credit/debit card information or to stop deduction of funds, which must be completed at least five business days prior to the scheduled withdrawal date. (Please note: Your bank/credit card statement will display all or part of the following description: "FB P-C Ins Payment" or "AgMax Payment")

VISA/Mastercard Number _____

The last 3 digits printed on the back of the card are the security code.

Expiration Date _____ 3-digit Security Code _____

Billing Address (if different than policy address) _____



Please fax to the Billing Department at 800-333-4829 or 785-587-6347.
any other submission mode will not be accepted

Signature of authorized card holder _____ Today's Date _____
electronic signatures are not accepted