



South Carolina Farm Bureau Insurance Company® • South Carolina Farm Bureau Mutual Insurance Company
 Southern Farm Bureau Casualty Insurance Company • Palmetto Casualty Insurance Company

Post Office Box 2124 • West Columbia, South Carolina 29171-2124 • www.SCFBIns.com

Farm Bureau Insurance Policy Number: _____

AUTHORIZATION AND AGREEMENT FOR ELECTRONIC FUNDS TRANSFER PREMIUM PAYMENTS

I read and agree to the Terms and Conditions for Monthly Premium Payments via Electronic Funds Transfer as designated below. By signing this form, I authorize Farm Bureau Insurance to initiate through the designated financial institution the appropriate entries to transfer premium payments. I understand that if I want to cancel the transfers so authorized below, I must notify Farm Bureau Insurance no later than four (4) days prior to the date of transfer.

Bank Name _____

Bank Routing Number _____

Checking Account Number _____ **OR** Savings Account Number _____

Name (as it appears on financial institution records) _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Daytime Phone _____ Email _____

AUTHORIZATION AND AGREEMENT FOR RECURRING CREDIT/DEBIT CARD PAYMENTS

I read and agree to the Terms and Conditions for Recurring Premium Payments via the Credit/Debit Card account as designated below. By signing this form, I authorize Farm Bureau Insurance to initiate through the designated financial institution the appropriate entries to transfer premium payments. I understand that if I want to cancel the transfer so authorized below, I must notify Farm Bureau Insurance no later than four (4) days prior to the date of transfer.

Card Number _____ Exp. ____ / ____

Cardholder Name (print) _____



Credit Card Billing Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Daytime Phone _____ Email _____

THIS PAYMENT PLAN and any insurance coverage to which this plan relates may be cancelled by you at any time. Procedures to cancel are governed by policy provisions. Coverage may also lapse or be cancelled by Farm Bureau Insurance for non-payment of premium in accordance with policy provisions. Service charges are earned when received and will not be refunded.

THIS AGREEMENT IS SUBJECT TO CHANGE UPON NOTIFICATION
THIS AGREEMENT IS NOT A REQUEST FOR INSURANCE COVERAGE
I HEREBY AGREE TO ALL THE TERMS AND CONDITIONS SET FORTH IN THIS AGREEMENT

Applicant's Signature _____ Date _____

MAIL TO:
 Farm Bureau Insurance
 ATTN: Account Bill
 PO Box 2124
 West Columbia, SC 29171-2124

For Office Use Only	Data Entered Date	Initial
	Agent Code	County

TERMS AND CONDITIONS

(Please retain for future reference)

ELIGIBILITY

Insureds whose policies are current are eligible for the Monthly Premium Payment Program. However, Farm Bureau Insurance reserves the right to reject any Authorization and Agreement application that may conflict with insurance policy language, or state and federal laws.

START DATE

Please pay your minimum billed premium as shown on the statement until the words "EFT DRAFT" or "CRCD-DRFT" appear in the "Amount Paid" box on your Premium Billing Statement. After your account is converted to the monthly payment program, your payment will be deducted/charged on or after the due date as designated on your Premium Billing Statement. Note that initial processing time may take up to 60 days.

ADJUSTMENTS

All adjustments or refunds will be settled according to the particular policy language of the insurance policies on the policy designated in the Authorization and Agreement.

CHANGES

In order to assure payment without interruption, we must receive notification of changes to the EFT or credit/debit card account designated in the Authorization and Agreement at least 15 days prior to the DUE DATE on your Premium Billing Statement. This applies whether the changes were implemented by you or the financial institution. If you change financial institutions, you must complete and submit a new Authorization and Agreement form.

CREDIT/DEBIT CARD EXPIRATION DATE

We must receive any change in expiration date at least 15 days prior to the DUE DATE on your Premium Billing Statement. Please call 1.800.799.7500 or mail your written request to:

Farm Bureau Insurance
ATTN: Account Bill
PO Box 2124
West Columbia, SC 29171-2124

DISALLOWED CHARGE AND DISHONORED DRAFTS

It is your responsibility to assure the availability of funds or credit to complete and fulfill the financial transaction covered by these Terms and Conditions. If either the checking or savings account draft or credit/debit card charge is dishonored, it is your responsibility to make the appropriate premium adjustment to maintain your insurance. If an automatic draft from a checking or savings account is dishonored by your bank, you understand a Returned Item Fee will be charged, and we will draft the returned item fee from your account. The Returned Item Fee is \$25.

TERMINATION BY YOU

We must receive any termination of the Authorization and Agreement by you at least four (4) days prior to the DUE DATE on your Premium Billing Statement. Please call 1.800.799.7500 or mail your written request to:

Farm Bureau Insurance
ATTN: Account Bill
PO Box 2124
West Columbia, SC 29171-2124

POLICY CANCELLATIONS

Should you or we terminate the policy, any outstanding premium still owed to the Company will be automatically drafted from your checking or savings account or charged to your credit/debit card.

MONTHLY STATEMENTS

If you set up automatic monthly payments using a checking or savings account or a recurring credit/debit card, you will not receive a new monthly printed statement from us unless a change to your policy causes the amount to be drafted to increase or decrease by three dollars or more.