



**Texas Farm Bureau Mutual Insurance Company
 Texas Farm Bureau Underwriters
 Texas Farm Bureau Casualty Insurance Company
 Farm Bureau County Mutual Insurance Company of Texas
 Southern Farm Bureau Life Insurance Company**

**Enrollment Form for
 AssurancePay®**

Recurring Electronic Funds Transfer (EFT) Premium Payments

1. Read the **AssurancePay®** Recurring Electronic Funds Transfer (EFT) Terms and Conditions.
2. Complete the following section titled Authorization and Agreement for AssurancePay® Recurring Electronic Funds Transfer (EFT) Premium Payments.

3. **You must continue to pay any billing statements you receive via mail until you receive your Recurring Payment Schedule.** Funds will not transfer until the first date indicated on the Recurring Payment Schedule.

Note: Texas Farm Bureau membership dues are not payable via **AssurancePay®**.

**Authorization and Agreement for AssurancePay®
 Recurring Electronic Funds Transfer (EFT) Premium Payments**

I have read and agree to the Terms and Conditions for **AssurancePay®** Recurring Premium Payments via Electronic Funds Transfer (EFT) as designated below. By signing this form, I authorize the Texas Farm Bureau Underwriters, Texas Farm Bureau Casualty Insurance Company, Farm Bureau County Mutual Insurance Company of Texas, or Texas Farm Bureau Mutual Insurance Company, as the Companies issuing the policy described below, to initiate through the designated financial entity the appropriate entries to transfer premium payments. I understand that in order to terminate automatic recurring payments of my premiums, the Company must be in receipt, at its office located at 7420 Fish Pond Rd, Waco, TX 76710-1010, of any termination of the Authorization and Agreement by me in writing (address noted below), fax (254) 751-8712, phone call to (888) 573-4359 or by email to assurancepay@txfb-ins.com with reasonable time to process the termination prior to my next draft date as designated on the Recurring Payment Schedule. Please include the Policy Holder's name and policy number on all correspondence.

Policy/Master Account Number _____ Policy Holder _____

Draft day will be the day of the month your policy renews unless indicated otherwise. If you wish a different Draft day, what day of the month do you want premium drafted from your Account? (must be the 1st through the 28th) _____

Your installments will be scheduled according to your current Bill Plan. If you wish to change the scheduling of your installments, please contact your Texas Farm Bureau Insurance Agent.

Bank Name _____ Checking Savings

Bank Routing Number _____ as shown on your check (not Deposit Slip).

Bank Account Number _____ Name on Bank Account _____

Daytime Phone _____ E-mail (optional) _____

Signature of authorized signatory _____ Date _____

Printed Name _____

4. Attach a Voided Check from your checking or savings account in the area below or documentation from your Bank showing your Account number and the Bank Routing Number.

5. Return the complete enrollment form to us by either:

Mail:	FAX:	Delivery to Agent:
ATTN: Policy Services-EFT Texas Farm Bureau Insurance Companies PO Box 2689 Waco, TX 76702-2689	1-254-751-8712	You may deliver this completed form to your local Texas Farm Bureau Insurance Agent

Attach check here:

