

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF COMMISSIONS

NOTE: You will receive an actual check the payday following an account change.

1. You may select up to three different Bank Accounts with Direct Deposit. Please complete the appropriate number of accounts you wish to use below. Please be sure to indicate if the account is a savings or checking. Also, indicate if the deposit will be a fixed amount, percentage of net, or net amount.
2. FOR A CHECKING ACCOUNT – A photocopy of a check or a cancelled check **MUST** accompany this authorization form.
3. FOR A SAVINGS ACCOUNT – A photocopy of savings account identification card **MUST** accompany this authorization form.

I hereby authorize Indiana Farm Bureau Insurance, hereinafter called COMPANY, to initiate credit entries or complete necessary adjusting entries to my **CHECKING or SAVINGS** account indicated below and the financial institution named below to credit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

PLEASE PRINT	PLEASE PRINT	PLEASE PRINT	PLEASE PRINT	PLEASE PRINT	PLEASE PRINT
DEPOSIT ACCOUNT #1		This is <input type="checkbox"/> New Account <input type="checkbox"/> Change			
Financial Institution _____				[]	Checking
City _____ State _____ Zip Code _____				[]	Savings
Bank Transit/ABA Number _____ Account Number _____				\$ []	Per Pay
Name _____ Social Security No. _____				% []	Per Pay
Signature _____ Date _____				[]	Net Pay

DEPOSIT ACCOUNT #2		This is <input type="checkbox"/> New Account <input type="checkbox"/> Change			
Financial Institution _____				[]	Checking
City _____ State _____ Zip Code _____				[]	Savings
Bank Transit/ABA Number _____ Account Number _____				\$ []	Per Pay
Name _____ Social Security No. _____				% []	Per Pay
Signature _____ Date _____				[]	Net Pay

DEPOSIT ACCOUNT #3		This is <input type="checkbox"/> New Account <input type="checkbox"/> Change			
Financial Institution _____				[]	Checking
City _____ State _____ Zip Code _____				[]	Savings
Bank Transit/ABA Number _____ Account Number _____				\$ []	Per Pay
Name _____ Social Security No. _____				% []	Per Pay
Signature _____ Date _____				[]	Net Pay