

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL

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

SECTION 1 - NET PAY DIRECT DEPOSIT

No Change At This Time

PLEASE NOTE!

FOR A CHECKING ACCOUNT - A photocopy of a check or a cancelled check MUST accompany this section of the authorization.

FOR A SAVINGS ACCOUNT - A photocopy of a savings account identification card MUST accompany this section of the authorization.

I hereby authorize Farm Bureau Insurance, hereinafter called COMPANY, to initiate credit entries or complete necessary adjusting entries to my **Checking** **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.

Financial Institution _____

City _____ State _____ Zip Code _____

Bank Transit/ABA Number _____ Account Number _____

Name _____ Social Security No. _____

Signature _____ Date _____

Payroll Use Only: _____

SECTION 2 - FIXED AMOUNT DIRECT DEPOSIT

No Change At This Time

PLEASE NOTE!

FOR A CHECKING ACCOUNT - A photocopy of a check or a cancelled check MUST accompany this section of the authorization.

FOR A SAVINGS ACCOUNT - A photocopy of a savings account identification card MUST accompany this section of the authorization.

This is a New Deduction Change

I hereby authorize Farm Bureau Insurance, hereinafter called COMPANY, to deduct a TOTAL of \$_____ per pay beginning _____ and to initiate credit entries or complete necessary adjusting entries to my **Checking** **Savings** account listed below and the financial institution named below to credit 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.

Financial Institution _____

City _____ State _____ Zip Code _____

Bank Transit/ABA Number _____ Account Number _____

Name _____ Social Security No. _____

Signature _____ Date _____

Payroll Use Only: _____