



**EASY PAY – THE CHECKLESS WAY  
PREAUTHORIZED WITHDRAWAL  
AGREEMENT**

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- Easy Pay Plan
- Add Policy To Existing Easy Pay Plan
- Remove Policy From Plan

- Change to:
  - Checking
  - Savings
- Company/Company Transfer
- Change Withdrawal Day
- Change Depositor Information
- Change Bank Information

**Effective Date**

<b>DEPOSITOR</b>	Easy Pay Plan Number			Agent			
	Name			Agent No.		Branch	
	Farm Family Account No. (IF DIFFERENT FROM DEPOSITOR OR SSN)			Named Insured (IF DIFFERENT FROM DEPOSITOR)			
	Street Address			Street Address			
	City		State	Zip Code	City		State

  

<b>POLICY INFORMATION</b>		<b>POLICY 1</b>	<b>POLICY 2</b>	<b>POLICY 3</b>	<b>MONTHLY WITHDRAWAL DAY (Required Information)</b>	
	Policy Number					1 2 3 4 5 6 7
	Policy Type					8 9 10 11 12 13 14
	Policy Premium					15 16 17 18 19 20 21
	Amount Collected					22 23 24 25 26 27 28

**THIS IS NOT A RECEIPT OF PAYMENT.  
For Receipt, fill out AM-322.**

Date/Time Money Collected \_\_\_\_\_ Authorized Representative \_\_\_\_\_

**COMMENTS**

**BANK AUTHORIZATION**

I authorize Farm Family Casualty Insurance Company, hereinafter referred to as Farm Family, to begin electronic debits and/or credits to my checking or savings account shown below, subject to the conditions on the reverse side. I acknowledge the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of US law. I understand that if an ACH transaction is dishonored by the bank, for any reason, the premium payment will be considered in default pursuant to the terms of the policy. This authorization will remain in effect until revoked by me in writing, allowing the company and financial institution reasonable time to act on any termination of this authorization.

I AGREE TO MAINTAIN AN ADEQUATE BALANCE IN MY ACCOUNT TO COVER MY INSURANCE PREMIUMS. I HAVE READ THIS FORM, UNDERSTAND ITS CONTENTS AND RECEIVED A COPY OF IT. IF THIS AGREEMENT IS NOT DATED, IT WILL BE DEEMED EFFECTIVE WHEN RECEIVED BY THE COMPANY.

Depositor's Signature (Name must appear on voided check) \_\_\_\_\_ Depositor's Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

CHECK ONE:

CHECKING

SAVINGS

**TAPE VOIDED CHECK HERE**

OR

(ONLY WRITE INFORMATION IF A VOIDED CHECK OR PHOTOCOPY OF CHECK IS NOT AVAILABLE).

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NAME OF BANK AND BRANCH, IF ANY (for credit union members, see note below).

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(BANK ROUTING NUMBER) DEPOSITOR'S ACCOUNT NUMBER

\*1st digit = 0, 1, 2, or 3

**IMPORTANT NOTE FOR CREDIT UNION MEMBERS:**

Many smaller credit unions use a different account number than the one that appears on your check. Please contact your local office to obtain the proper account numbers for processing an Electronic Funds Transfer (EFT) transaction.

**REVOCATION PROCEDURE**

Any requests to remove a policy from Easy Pay or to revoke this authorization in its entirety must be in writing. Such requests will be effective 30 days after we receive your written notification. You may send your request to your agent or to:

Farm Family Underwriting, Service Center, P. O. Box 10787, Springfield, MO 65808-0787

## **EASY PAY - THE CHECKLESS WAY PLAN CONDITIONS**

The Easy Pay Plan is an automatic, preauthorized electronic debit plan for the payment of premiums on eligible policies which Farm Family makes available to its customers, subject to the following conditions:

- (1) Preauthorized withdrawals will be made from the depositor's account based on the withdrawal day option selected and the amount of the deposit premium. If the withdrawal day falls on a weekend or holiday, or if the month does not have the withdrawal day selected, the withdrawal will occur on the next banking day.
- (2) Farm Family will not be liable for any bank service fees charged against the depositor's account.
- (3) The withdrawal amount for each policy shall be calculated by dividing the premium due for the policy by the number of payment schedule dates remaining within the applicable policy period.
- (4) You agree to notify us 30 days prior to changing account numbers, banks, or any other change that affects the withdrawal of funds from your account. If it is not possible to provide 30 days' notice, payment of any withdrawal scheduled to occur within the next 30 days must accompany the account number or bank change.
- (5) We will mail you written notice, approximately 15 days in advance, of any increase in withdrawal from your account due to policy or premium changes.

If the withdrawal amount decreases due to policy or premium changes, the new amount will be withdrawn at the next scheduled withdrawal. We will notify you in writing of the new withdrawal amount.

- (6) If any withdrawal under the Easy Pay Plan is not paid upon presentation, Farm Family reserves the right to proceed under one of the following options:
  - (i) at the next available opportunity, resubmit the withdrawal amount for presentation against the depositor's account; or
  - (ii) revoke the privilege of making electronic premium payments for all policies covered under this plan; or
  - (iii) cancel all policies under the plan for nonpayment of premium. Such cancellation shall be preceded by a written notice from us.
- (7) Upon termination of premium payments under the Easy Pay Plan, the customer shall be immediately responsible for any unpaid premium for insurance provided in the applicable policy period.
- (8) The payment of premiums under the Easy Pay Plan may be discontinued for any policy by the depositor or the Company issuing the policy upon thirty (30) days' advance written notice.
- (9) The provisions of the Easy Pay Plan may be amended at any time by us by giving written notice of the amendment at least thirty (30) days prior to its effective date. Such amendment will become effective for any transactions occurring after that date.
- (10) The Easy Pay Plan shall not be interpreted as a modification to any of the terms, provisions, or conditions of the policies included under the Easy Pay Plan except that while a policy is included under the Easy Pay Plan, the Company issuing the policy shall not be required to give notice of premiums becoming due for that policy.

