



AN AMERICAN NATIONAL COMPANY

Farm Family

SMART THINKING, REWARDED®

EASY PAY - THE CHECKLESS WAY® AUTHORIZATION FORM

**BY ENROLLING IN OUR RECURRING ACH PAYMENT METHOD, YOU CAN SAVE TIME AND MONEY!
NO INSTALLMENT FEES, NO CHECK TO WRITE AND MAIL, YOUR PAYMENT IS ALWAYS ON TIME!**

Schedule your payments to be automatically deducted from your checking or savings account.

Just complete, sign and return this form to get it started!

Return to the following address:

PAYMENT PROCESSING CENTER

ATTN: Billing Services Department MS-19C

P.O. Box 656

Albany, NY 12201-0656

Or e-mail to: EasyPayFF@AmericanNational.com

PLEASE COMPLETE THE INFORMATION BELOW:

Billing Account Number _____

Payment Plan: (1, 2 4 or 12) _____

Withdrawal date: *(optional)* _____

Account Type (circle one) : Checking Savings	Account Use (circle one) : Business Personal
Name on Account _____	Bank Name _____
Account Number _____	Bank Routing # _____
Phone# _____	Email: _____

By signing below, I authorize Farm Family Casualty Insurance Company and its affiliates (the "Company") to begin regularly scheduled electronic debits and/or credits to my checking or savings account described below and I understand:

- 1) All ACH transactions I authorize comply with all applicable law.
- 2) Monthly withdrawals will be made from my checking or savings account each month on the due date selected in order to pay insurance premiums for any eligible insurance policy* in the Billing Account(s) listed above.
- 3) If the withdrawal date falls on a weekend, a holiday, or a date that does not exist (e.g., February 31), the withdrawal will occur on the next banking day.
- 4) 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 and the Company may apply a return fee. The Company will not be liable for any bank service fees charged against my account.
- 5) This authorization will remain in effect until revoked by me in writing to
PAYMENT PROCESSING CENTER
Attn: Billing Department MS-19C
P.O. Box 656
Albany NY 12201-0656
- 6) The Company requires at least 10 days prior notice in order to process any revocation.
- 7) The Company will mail me written notice approximately 20 days in advance of any increase in withdrawal from my 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 If the withdrawal amount decreases due to policy or premium changes, the new amount will be withdrawn at the next scheduled withdrawal and the Company will notify me in writing of the new withdrawal amount.
- 8) The Company reserves the right to cancel this authorization at any time.

SIGNATURE (REQUIRED)

DATE

*Eligible insurance policies may include property and casualty policies underwritten by Farm Family Casualty Insurance Company and United Farm Family Insurance Company, each of Glenmont, New York. Not all companies are licensed in all states. Each company has financial responsibility only for the products and services it issues.