

Farm Bureau Electronic Funds Transfer Change/Cancel Form

List the MEMBERSHIP / POLICY Number(s) for EFT/E-Bill change:

Bank Account Change:

Checking Account Number: _____ (Attach Voided Check)

OR

Savings Account Number: _____ (Attach Deposit Slip)

Bank Name: _____ Bank Phone Number: (____) ____ - ____

Bank Address: _____

E-Billing Options:

If I elect to receive my invoice electronically, I understand that it is my responsibility to maintain the e-mail address on file or to obtain same from the Farm Bureau web site. Failure to do so on my part shall impart no responsibility to Farm Bureau.

I elect to receive my invoice electronically e-mail address: _____

I elect to receive a paper invoice

Signature

Date

Cancel Electronic Funds Payment Plan effective: _____

(We must have 30 days advance notice)

List the MEMBERSHIP* / POLICY Number(s) the cancellation is for:

**please note that Membership dues are non-refundable*

Signature

Date