EFT REQUEST
Authorization for Automatic Payments

(For information about our EFT plans please visit our website: www.fumico.net/eft)

Policy Number: _____ ***Effective Date:*** _____

Insured Name: _____

(*Please print name as shown on policy)*

- ✓ ***Indicate your payment plan choice:***
- o ***Full payment***
- o ***Two payments***
- o ***Four payments***
- o ***Monthly (12) payments***

Indicate the amount of Farmers Union dues to be included in your first EFT payment with each renewal, if any: $_____.

The first payment will be drawn from your account on the effective date of your policy. Each of the other payments required by the two, four or twelve pay plans will be drawn on the effective day unless you indicate a day preference below.

Please EFT my payments (after the first one) on the _____ (1-31) day of the appropriate month as determined by the pay plan I selected above.

I authorize Montana Farmers Union Insurance Agency, Inc., to initiate EFT payments from my account for premium payments due. This authority will remain in effect until I notify Montana Farmers Union Insurance Agency, Inc., in writing at least 3 days in advance of the next scheduled payment.

Authorized Signature: _____ ***Date:*** _____

Attach voided check here and return this form to Montana Farmers Union Insurance Agency, Inc., in the payment envelope provided.

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Farmers Union Mutual Insurance Company
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