Billing Client Name: _____

*Billing Client Number: _____

*Policy Number: _____

Agent Name & Number: _____
*To be completed when policy is bound

Personal Lines Customer Service:
866-399-FBFS (3237)

Commercial Lines Customer Service:
800-526-7270

Recurring Withdrawal Date _____   Beginning Month _____
1st – 28th

Payment Frequency: ☐ Monthly   ☐ Quarterly   ☐ Semi-Annual   ☐ Annual   **Tenant-only policies using credit/debit card require annual frequency

E-mail Address: _____

Please note: Billing notices will be mailed to you only if there is a change in your scheduled amount due. Please update your financial records accordingly. Visit www.FBFS.com to register for account access, to view your billing statements online or sign up for paperless billing.
**Automatic Deductions will attempt as early as 12:01am on your withdrawal date.*

Please select only one type of electronic payment method and complete the associated section. If both sections are authorized below, the bank account shall be used for recurring payments.

☐ **Checking or Savings**   **Please upload to Workflow or fax to 877-860-2902 or 800-404-4459.
Please include a voided check.

Type of Account (check one)   ☐Checking Account   ☐Savings Account

Routing Number ___ ___ ___ ___ ___ ___ ___ ___ ___

Account Number _____

Routing Transit Number   Checking Account Number   Check Number

-OR-

☐ **Credit/Debit Card**   ** FAX is the only acceptable submission mode. Please send to 800-333-4829 or 785-587-6347. Our third-party payment vendor applies a 2.99% processing fee to transactions using a credit or debit card.
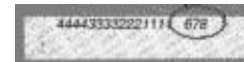
VISA/MasterCard/Discover/AMEX Number   _____

Expiration Date _____   3 or 4 digit Security Code _____

Billing Address (if different than policy address)   _____
_____

VISA/MasterCard/Discover: The last 3 digits printed on the back of the card is the security code.

AMEX: The last 4 digits printed on the front of the card is the security code

By signing below, I authorize Farm Bureau Property & Casualty Insurance Company and/or Western Agricultural Insurance Company to automatically deduct payment from my electronic payment account to pay for my insurance premium and Annual Membership dues, if listed on bill. The authorization is to remain in effect until I provide written notification to change my electronic payment account information or to stop or change deduction of funds, which must be completed at least five business days prior to the scheduled withdrawal date. (Please note: Your bank/credit card statement will display all or part of the following description: "FBFS PC Insurance Pmt" or "FBFS AgMax Payment").

Signature of authorized account holder _____   Today's Date _____
electronic signatures are not accepted

Once signed, no changes or alterations may be made to the form. Any changes to the form will invalidate the authorization.

PKXX.NB016.0825