

IMPORTANT - ACTION REQUIRED Agreement for Direct Payments (ACH Debits)

This form must be completed, signed and returned to Farm Bureau Bank FSB for your automatic payment request to activate. You may also set up automated payments at www.farmbureaubank.com/ACH.

Authorization

I (we) hereby authorize Farm Bureau Bank to initiate debit entries from the account identified below. This authorization relates to all payments owed on the Farm Bureau Bank account identified below and the related contract. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Please allow up to 30 days after mailing this completed form for automated payments to activate. Continue to make your payments until the ACH process takes effect.

From:		Do Not Use Temporary Checks or Deposit Slips.
This is the bank from where the payment will be withdrawn.		John Q. Smith 99999 55 Maple Sevec 505-1234 20
Account Type: Checking	Savings	NET 10 144
Bank Name:		Collars Stiller/Tevel*
Routing #:		123456789: 098765432101237 99999
Account #:		Bank Routing Number Checking Account Number Check Number
IMPORTANT : Please verify with your bar automatic debits.	nking institution that the	account and routing numbers above are correct and eligible for
To:		
Bank Name: <u>Farm Bureau Bank</u>	Routing #: 121281892	Account #:
This authorization is to remain in full force and effect until I Bureau Bank reasonable opportunity to act on it.	(or either or us) give mailed, faxe	d, phone, or e-mail notification of its termination in such time and in such manner as to afford Farr
		consecutive returned payments. If your payment is not made via ACH, your Annual Percentage Rat ments by the due date, as disclosed in your loan agreement.
Signature of Primary Account Holder	Date	Print and Fax/Mail completed form to: Farm Bureau Bank FSB P.O. Box 33427
Printed Name of Primary Account Holder		San Antonio, TX 78265-3427
		Phone: 800.492.3276 Fax: 866.913.5087
Signature of Secondary Account Holder	Date	E-mail: services@farmbureaubank.com
Printed Name of Secondary Account Holder		