



Farm Family
Members of the American National Group

**QUICK PAY AND/OR
EASY PAY – THE CHECKLESS WAY®
PREAUTHORIZED WITHDRAWAL AGREEMENT**

- Quick Pay
- New Easy Pay Plan
- Add Policy to Existing Plan

DEPOSITOR	Easy Pay Plan Number (if existing)			Agent Name																														
	Name			Agent Number		Branch																												
	Account Number			Named Insured (IF DIFFERENT FROM DEPOSITOR)																														
	Street Address			Street Address																														
	City	State	ZIP	City	State	ZIP																												
POLICY INFORMATION	Policy Number			EASY PAY FUTURE MONTHLY WITHDRAWAL DAY <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> </table>			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	1	2	3				4	5	6	7																								
	8	9	10				11	12	13	14																								
	15	16	17				18	19	20	21																								
	22	23	24				25	26	27	28																								
Policy Type																																		
Policy Premium																																		
Initial Payment Collected or Quick Pay Draft Amount:																																		
Check Attached <input type="checkbox"/>			Quick Pay <input type="checkbox"/>																															
			Policy Effective Date:																															

Authorized Representative

BANK AUTHORIZATION

QUICK PAY – I authorize Farm Family to make an electronic debit and/or credit to my checking or savings account shown below, subject to the conditions stated herein. This authorization as marked is given for a one-time withdrawal for the initial payment of the policy premium. **Important Note: The withdrawal for the Quick Payment will be sent to the bank upon Application receipt in the Home Office regardless of the Policy Effective Date or Issue Status.**

EASY PAY - THE CHECKLESS WAY – I authorize Farm Family to begin regularly scheduled electronic debits and/or credits to my checking or savings account shown below, subject to the conditions on the reverse side. I acknowledge the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of United States law. I understand that 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. This authorization will remain in effect until revoked by me in writing, allowing the company and financial institution thirty (30) days to act on the termination of this authorization.

I authorize the above marked Quick Pay and/or Easy Pay ACH drafts; I have read this form, understand the contents, and have received a copy. If the agreement is not dated, it will be deemed effective when received by the company. I agree to maintain an adequate balance in my account to cover my insurance premiums. Farm Family will not be liable for any bank service fees charged against the depositor's account.

Authorized Signature

Date

Check One: Checking Savings

\$ _____ Quick Pay Draft Amount

_____ Name of Bank	_____ Depositor's Account Number
<input type="checkbox"/> * <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
*Bank Routing Number (first digit must be 0, 1, 2 or 3)	

EASY PAY – THE CHECKLESS WAY PLAN CONDITIONS

The Easy Pay Plan is an automatic, preauthorized electronic debit plan for the payment of premiums on eligible policies which Farm Family makes available to its customers, subject to the following conditions:

1. Preauthorized withdrawals will be made from the depositor's account based on the withdrawal day option selected and the amount of the deposit premium. If the withdrawal day falls on a weekend or holiday or if the month does not have the withdrawal day selected, the withdrawal will occur on the next banking day.
2. Farm Family will not be liable for any bank service fees charged against the depositor's account.
3. The withdrawal amount for each policy shall be calculated by dividing the premium due for the policy by the number of payment schedule dates remaining within the applicable policy period.
4. You agree to notify us 10 days prior to changing account numbers, banks, or any other change that affects the withdrawal of funds from your account. If it is not possible to provide 10 days' notice, payment of any withdrawal scheduled to occur within the next 10 days must accompany the account number or bank change.

Payment Plan Services

Farm Family

PO Box 10787

Springfield, MO 65808-0787

5. We will mail you written notice, approximately 15 days in advance (30 days in Texas), of any increase in withdrawal from your 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. We will notify you in writing of the new withdrawal amount.

6. If any withdrawal under the Easy Pay Plan is not paid upon presentation, Farm Family reserves the right to proceed under one of the following options:
 - a. at the next available opportunity, resubmit the withdrawal amount for presentation against the depositor's account; or
 - b. revoke the privilege of making electronic premium payments for all policies covered under this plan; or
 - c. cancel all policies under the plan for nonpayment of premium. Such cancellation shall be preceded by a written notice from us.
7. Upon termination of premium payments under the Easy Pay Plan, the customer shall be immediately responsible for any unpaid premium for insurance provided in the applicable policy period.
8. The payment of premiums under the Easy Pay Plan may be discontinued for any policy by the depositor or the Company issuing the policy upon thirty (30) days' advance written notice.
9. The provisions of the Easy Pay Plan may be amended at any time by us by giving written notice of the amendment at least thirty (30) days prior to its effective date. Such amendment will become effective for any transactions occurring after that date.
10. The Easy Pay Plan shall not be interpreted as a modification to any of the terms, provisions, or conditions of the policies included under the Easy Pay Plan except that while a policy is included under the Easy Pay Plan, the Company issuing the policy shall not be required to give notice of premiums becoming due for that policy.