



FARMERS MUTUAL OF TENNESSEE



EFT AUTHORIZATION FORM

If you are not already enrolled, *Farmers Mutual of Tennessee* provides you with an easy and efficient way to pay your insurance premium in 10 easy payments. By enrolling in our "10-Pay Electronic Funds Transfer" (EFT) program, you will be able to eliminate lost checks and late notices, postage and mailing costs, and service charges. EFT enrollment is easy:

1. Check the box marked "10-Pay EFT" on your billing statement and pay the amount shown
2. Complete and sign this authorization form
3. Mail completed form along with your current payment and a blank check from your account marked "VOID" to:

Farmers Mutual of Tennessee, P.O. Box 3428, Knoxville, TN 37927

Transaction Dates & Amounts: We will send you a schedule of future policy premium payment transaction dates (*based on policy effective date*) and amounts (*1/10th of annual premium*) for this term and a new schedule each year at renewal, and any time you make a policy change.

10-Pay Electronic Funds Transfer (EFT) Authorization

I (we) hereby authorize Farmers Mutual of Tennessee to initiate 10-monthly deductions from my (our) checking account identified below for payment of premium on the insurance policy or policies issued to me (us) by the Company, and renewals thereof, and to initiate credit entries to my (our) account to correct any erroneous deductions or to provide a refund of premium

I (we) understand that this authorization allows the Company to adjust the monthly deduction to reflect increases or decreases in my (our) premium resulting from coverage changes during the policy year and/or when my policy renews.

I (we) authorize the financial institution named below as the Depository to accept and post entries to my (our) account:

Insured Name(s): _____

Policy Number(s): _____ Home Phone: _____

Financial Institution Name: _____

Branch Address: _____

City State Zip Code

Branch Phone #: _____

ABA Routing #: _____

(1st group of numbers at bottom of check - nine digits)

Account #: _____

(2nd group of numbers at bottom of check)

Insured Signature: _____ Date: _____

Insured Signature: _____ Date: _____

Cancellation: We require written notice at least 3 business days prior to the next scheduled withdraw. Send written notice to *Farmers Mutual of Tennessee, P.O. Box 3428, Knoxville, TN 37927, ATTN: Accounting Department*

**REMEMBER TO INCLUDE: 1) A check for 10% of your annual premium
2) A check for this account marked "VOID"**