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FARMERS MUTUAL OF TENNESSEE

EFT AUTHORIZATION FORM



FMT Insurance provides you with an easy and efficient way to pay your insurance premium. By enrolling in our EFT (Electronic Funds Transfer) Program, you will be able to eliminate lost checks, late notices, postage and mailing costs. EFT enrollment is easy:

1. **Circle Preferred Billing Frequency:** -Annual - Semi-Annual - Quarterly - 10-Pay
2. Complete and sign this authorization form, then mail it to FMT Insurance, PO Box 3428, Knoxville, TN 37927

Transaction Dates & Amounts: Payment dates are based on policy effective date. We will send you a schedule of payment transaction dates for this term once this form is processed, and subsequently each year at renewal or when there are policy changes.

Electronic Funds Transfer (EFT) Authorization

- * I (we) hereby authorize FMT Insurance to initiate deductions on the selected schedule from my (our) 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 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:

For ACH Draft:

Financial Institution Name: _____ Name on Account: _____
ABA Routing #: _____ Account #: _____

REMEMBER TO INCLUDE: 1) Payment in the amount according to selected billing frequency (amount can be found on your billing statement). 2) A check for this account marked "VOID" (If ACH)

For Credit Card Draft (We do not accept American Express):

Card Number and Type: _____
Name, as it appears on the card: _____
Expiration Date and Security Code #: _____
Billing Address: _____
Insured Signature: _____ Date: _____

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