



## Electronic Funds Transfer Form

Enjoy the convenience of having your premiums paid automatically through Electronic Funds Transfer (EFT).

### Sign up in four easy steps!

1. Read, complete and sign the authorization.
2. Withdrawal from your account will be made each month on the effective day of your policy.
3. Place the following in an envelope:
  - a. Completed and signed Authorization
  - b. A voided check on the account from which you want your payments withdrawn, and
  - c. Deposit Premium:
    - i. New Policy: A check for 20% of annual premium
    - ii. Renewal Policy: A check for the minimum amount due as indicated on billing statement.
    - iii. Midterm payment plan change: No deposit premium required.

4. **Mail:**

Farmers Mutual Hail Insurance Company of Iowa  
6785 Westown Parkway  
West Des Moines, Iowa 50266  
**Email:** [PandC@fmh.com](mailto:PandC@fmh.com)  
**Fax:** 515.282.1220

- Use as down payment  
 Down payment already submitted by:  
**Check or Agency Sweep** (circle one)

### Authorization to Withdraw Funds by Farmers Mutual Hail Insurance Company of Iowa 6785 Westown Parkway, West Des Moines, IA 50266

*As a convenience to me/us, I/we authorize Farmers Mutual Hail Insurance Company of Iowa (FMH) to initiate electronic funds transfers from my/our account at the financial institution (Bank) indicated below or any subsequent account number that I/we provide you. I/We authorize the Bank to charge my/our account and pay FMH for all such debit entries FMH initiates. This authorization is to remain in effect until FMH or the Bank has received notice to revoke it at least seven days before the date of any scheduled transfer. If oral notice is given, the Bank or FMH may require me/us to provide written confirmation within 10 days or the EFT item will attempt to process again after the oral notification. I/We also understand that there will be a handling fee charged to me/us for any payment that cannot be processed at the receiving Bank.*

X _____ (Date)	Policyholder Name:	Annual Premium:
	Policy Number:	Inception Date:
X _____ (Authorized Signature as shown on account)	X _____ (Joint Account or Other Authorized Signature)	
Bank or Financial Institution Name:		
City:	State:	
Policyholder(s) Name:		
Name(s) as shown on checking account (if different):		
Routing #:	Checking Account #:	
Savings Account #:		
<b>Attach a VOIDED check on the account from which premiums will be withdrawn.</b>		