

Authorization for Electronic Billing (ACH Debit)

I hereby authorize Farmers Mutual Insurance Company, hereinafter called Company, to initiate debit entries to my:

- Checking account
 Savings account

indicated below at the Depository named below, hereinafter called Depository, to make the indicated entry to such account. In the event of the need to make an adjusting entry to my account the Company will notify me of the adjusting debit entry prior to making the adjusting entry.

Depository name: _____

Routing/ABA number: _____

Account number: _____

This authorization may be terminated upon thirty days written notification of your desire for termination.

Name: _____

Social Security number: _____

Signature: _____ Date: _____

Attach Voided Check Here