



FARMERS UNION INSURANCE

EFT REQUEST

Authorization for Automatic Payments

For information about our EFT plans please visit <https://fumico.net/eft/>

Policy #		Effective Date	
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Insured Name (Please print name as shown on policy)	
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<input checked="" type="checkbox"/>	Indicate your payment plan
<input type="checkbox"/>	Full Payment
<input type="checkbox"/>	Two Payment
<input type="checkbox"/>	Four Payment
<input type="checkbox"/>	Monthly (12) Payment

The first payment will be drawn from your account on the effective date of your policy. Each of the other payments required by the two, four or twelve pay plans will be drawn on the effective day unless you indicate a day preference below.

Please EFT my payments (after the first one) on the _____ (1-31) day of the appropriate month as determined by the pay plan I selected above.

I authorize Montana Farmers Union Insurance Agency, Inc., to initiate EFT payments from my account for premium payments due. This authority will remain in effect until I notify Montana Farmers Union Insurance Agency, Inc., in writing at least 3 days in advance of the next scheduled payment.

Authorized Signature

Date

Attach voided check here and return this form to Montana Farmers Union Insurance Agency, Inc., in the payment envelope provided.