

Printed Name of Secondary Account Holder

IMPORTANT - ACTION REQUIRED

Agreement for Direct Payments (ACH Debits)

This form must be completed, signed and returned to Farm Bureau Bank FSB before your automatic payment request is activated.

Authorization

I (we) hereby authorize Farm Bureau Bank to initiate the following debit entries to my (our) bank account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This automatic payment method will be effective on your next payment due date, after receipt of the completed document.

(Allow up to 15 days prior to due date for set up and activation)

| Transfer Type: | Recurring Transfer | - Transfer \$ | monthly on the _ | day of the month |
|--|--|--------------------------|--|--|
| | | beginning on _ | | _ |
| | One-Time Transfer | - \$ | For this type of transfer, I understand there is a \$5.00 fee pe transaction except for funds used in account activations. | |
| From: | | | Do Not Use Ter | nporary Checks or Deposit Slips. |
| This is the bank from v | where the payment will be | withdrawn. | JOHN Q. SMITH 555 Maple Street 555-1234 | |
| Account Type: | Checking | Savings | Hometown, TX 56789 PAYTO THE ORDER OF | DATE |
| Bank Name: | | | | DOLLARS DOLLARS |
| Routing #: | | | FARM BUREAU BANK C/O Operations Center PO Box 33427 San Antonio, Texas 78265-3427 FOR | EX COLUMN TO A COL |
| A #1 | | | :0000018F: 0000 | 00529" 1936 MARKAN MARKANANANANANANANANANANANANANANANANANANA |
| IMPORTANT: Pleas | | | Bank Routing Number Checking Ac | count Number Check Number bers above are correct and eligible |
| То: | | | | |
| Account Type: | Checking | Savi | ngs Insta | llment Loan |
| Bank Name: | | | Routing #: | ····· |
| Account #: | | | | |
| | in full force and effect until I (or ei easonable opportunity to act on it. | ther or us) give mailed, | faxed, phone, or e-mail notification of | its termination in such time and in such manner as |
| | | | | f your payment is not made via ACH, your Annual date, as disclosed in your loan agreement. |
| | H debit on your behalf for credit to processed before 3:00 p.m. (CT) to | | | drawal until the 3rd business day following the trans |
| Signature of Pri | mary Account Holder | Date | Print and Fax/M | ail completed form to: |
| Printed Name of Primary Account Holder | | | Farm Bureau Bank FSB P.O. Box 33427 San Antonio, TX 78265-3427 | |
| Signature of Secondary Account Holder Date | | Date | Phone: 800.492.3276 Fax: 866.913.5087 E-mail: services@farmbureaubank.com | |