



SOUTH CAROLINA FARM BUREAU INSURANCE COMPANIES

South Carolina Farm Bureau Mutual Insurance Company/Southern Farm Bureau Casualty Insurance Company
South Carolina Farm Bureau Insurance Agency/Southern Farm Bureau Life Insurance Company
Palmetto Casualty Insurance Company
PO Box 2124 ■ West Columbia, South Carolina 29171-2124 ■ www.scfbins.com

SC Farm Bureau Insurance Policy Number _____

AUTHORIZATION AND AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT) PREMIUM PAYMENTS

I read and agree to the Terms and Conditions for Monthly Premium Payments via Electronic Funds Transfer as designated below. By signing this form, I authorize South Carolina Farm Bureau Insurance Companies to initiate through the designated financial institution the appropriate entries to transfer premium payments. I understand that if I want to cancel the transfers so authorized below, I must notify South Carolina Farm Bureau Insurance Companies no later than four (4) days prior to the date of transfer.

Bank Name _____

Bank Routing Number _____

Checking Account Number _____ **OR** Savings Acct. No. _____

Name (as it appears on financial institution records) _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Daytime Phone _____

Mail to:
 SC Farm Bureau Insurance Co.
 P. O. Box 2124
 West Columbia, SC 29272-2124

AUTHORIZATION AND AGREEMENT FOR RECURRING CREDIT/DEBIT CARD PAYMENTS

I read and agree to the Terms and Conditions for Recurring Premium Payments via the Credit/Debit Card account as designated below. By signing this form, I authorize South Carolina Farm Bureau Insurance Companies to initiate throughout the designated financial institution the appropriate entries to transfer premium payments. I understand that if I want to cancel the transfer so authorized below, I must notify South Carolina Farm Bureau Insurance Companies no later than four (4) days prior to the date of transfer.

Card Number _____ Exp. ____ / ____




Name exactly as printed on credit card _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Daytime Phone _____

Mail to:
 SC Farm Bureau Insurance Co.
 P. O. Box 2124
 West Columbia, SC 29272-2124

THIS PAYMENT PLAN and any insurance coverage to which this plan relates may be cancelled by you at any time. Procedures to cancel are governed by policy provisions. Coverage may also lapse or be cancelled by Farm Bureau for non-payment of premium in accordance with policy provisions. Service charges are earned when received and will not be refunded.

THIS AGREEMENT IS SUBJECT TO CHANGE UPON NOTIFICATION
THIS AGREEMENT IS NOT A REQUEST FOR INSURANCE COVERAGE
I HEREBY AGREE TO ALL THE TERMS AND CONDITIONS SET FORTH IN THIS AGREEMENT

For Office Use Only			
	Data Entered	Date	Initial
Applicant's Signature	Date	County	Agent Code

Helping You Is What We Do Best

TERMS & CONDITIONS

(Please retain for future reference.)

SIGN UP

To sign up for the Electronic Funds Transfer or Recurring Credit/Debit Card Payment Program, please complete the Authorization and Agreement Form and mail to:

**SC Farm Bureau Insurance Companies
PO Box 2124
West Columbia, SC 29171**

You may return the form to your agent at your local Farm Bureau Insurance office. If you are selecting Electronic Funds Transfer, please include your payment for the minimum billed premium as shown on the statement and attach a voided check. If you designate a savings account for EFT, please contact your financial institution for the correct routing and account numbers.

ELIGIBILITY

Insureds whose policies are current are eligible for the Monthly Premium Payment Program. However, South Carolina Farm Bureau Insurance Companies reserve the right to reject any Authorization and Agreement application that may conflict with insurance policy language, or state and federal laws.

START DATE

Please pay your minimum billed premium as shown on the statement until the words "EFT DRAFT" or "CRCD-DRFT" appear in the "Amount Paid" box on your Premium Billing Statement. After your account is converted to the monthly payment program, your payment will be deducted/charged on or after the due date as designated on your Premium Billing Statement. Note that initial processing time may take up to 60 days.

ADJUSTMENTS

All adjustments or refunds will be settled according to the particular policy language of the insurance policies on the policy designated in the Authorization and Agreement.

CHANGES

In order to assure payment without interruption, we must receive notification of changes to the EFT or credit/debit card account designated in the Authorization and Agreement at least fifteen (15) days prior to the DUE DATE on your Premium Billing Statement.

This applies whether the changes were implemented by you or the financial institution. If you change financial institutions, you must complete and submit a new Authorization and Agreement form.

CREDIT/DEBIT CARD EXPIRATION DATE

We must receive any change in expiration date at least fifteen (15) days prior to the DUE DATE on your Premium Billing Statement. Please call 1-877-723-2762 or mail your written request to: SC Farm Bureau Insurance, ATTN: Account Bill, PO Box 2124, West Columbia, SC 29171.

DISALLOWED CHARGE & NON-SUFFICIENT FUNDS

It is your responsibility to assure the availability of funds or credit to complete and fulfill the financial transaction covered by these Terms and Conditions. If either the EFT or credit/debit card charge is dishonored, it is your responsibility to make the appropriate premium payment to maintain your insurance. In addition, you will be responsible for a Returned Item charge if applicable.

TERMINATION BY YOU

We must receive any termination of the Authorization and Agreement by you at least four (4) days prior to the DUE DATE on your Premium Billing Statement. Please call 1-877-723-2762 or mail your written request to: SC Farm Bureau Insurance, ATTN: Account Bill, PO Box 2124, West Columbia, SC 29171.