



FARMERS LIFE INSURANCE COMPANY

## EFT Commission Authorizations Agent Information

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Agent name

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Agent writing number

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Phone/Fax number

### Authorization

I authorize Farmers Life Insurance Company to initiate credit to my bank account. I understand that this authorization will allow said Company to debit my account if funds are credited erroneously to this account. This authority is to remain in effect until revoked by me in writing and until the Company actually receives such notice to terminate. The Company will make necessary changes within 10 business days of receipt of such notice of termination. All commission accounts within specified Company will be included in the request unless specified otherwise.

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Signature

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Date signed

**PLEASE SEND A VOIDED CHECK.**

**Please allow 7 business days for the request to be processed.**

ATTACH VOIDED CHECK HERE