

Direct Payment Authorization Form

I authorize the Farm Mutual Insurance Company of Lincoln County, South Dakota and their financial institution to withdraw from my bank account for insurance premium. It is understood that should your bank refuse payment due to insufficient funds, a cancellation notice will be issued for the policy listed below. This authorization remains in effect until the Company receives acceptable notice of termination. You may stop the withdrawal by notifying the Company at least 7 days prior to the next withdrawal date.

Insured Name	First	M.I.	Last
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Insured Address	Street	City	State	Zip
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Name of Financial Institution

Institution Address	Street	City	State	Zip
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Account Type	Routing Number	Account Number
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Insured Signature	Date
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Premium payment will be will be withdrawn on the 20th of the month.

Attach a voided check or deposit slip from the account that is to be debited.

Attach a check for 2 months down payment.

The minimum annual premium for the EFT option is \$600