

Agent Folio Electronic Deposit Authorization Form



FARMERS®

I hereby authorize Farmers Insurance Exchange, Truck Insurance Exchange, Fire Insurance Exchange, Mid-Century Insurance Company, Farmers New World Life Insurance Company, Prematic Service Corporation (California), Prematic Service Corporation (Nevada), Farmers Insurance Company of Arizona, Farmers Insurance Company of Idaho, Farmers Insurance Company, Inc., Farmers Insurance Company of Oregon, Farmers Insurance Company of Washington, Illinois Farmers Insurance Company, Farmers New Century Insurance Company, Texas Farmers Insurance Company, Farmers Insurance of Columbus, Inc., Farmers Texas County Mutual Insurance Company, Mid-Century Insurance Company of Texas, Foremost Insurance Company Grand Rapids, Michigan, Foremost Property and Casualty Insurance Company, Foremost Signature Insurance Company, American Federation Insurance Company, Foremost Lloyds of Texas and Foremost County Mutual Insurance Company, (hereinafter collectively referred to as "Farmers"), to initiate deposits (credits) and/or corrections to the any previous credits to my account at the financial institution named below (the "DEPOSITORY"). Said DEPOSITORY is authorized to credit and/or correct the amounts to my account. Enclosed is a voided check, which contains my account and routing information.

This authority is to remain in full force and effect until I request a change in my account and/or financial institution by giving ten (10) days prior written notice of such change to Farmers.

Agent Name: _____ Agent No.: _____

Signature: _____ Date: _____

Depository Name: _____

Depository Address: _____

Add Change Delete Effective Date: _____

Effective date is the date that the information on the account will be active.

For Service Center Use Only

Credit Union Net Check System entry made by: _____ on Date: _____
Accounting Technician

SAP system entry made by: _____ on Date: _____
Accounting Technician

I have verified the accuracy of the information entered into the Credit Union Net Check System and SAP.

_____ on Date: _____
Accounting Manager/Supervisor

Folio direct deposit to begin on the _____ folio.
Folio Month

Attach Voided Check Here