

Bank Withdrawal Pre-Authorization Form

Name of Account 1	folder
	(Please print)
Name of Member	ID Number
	(If different than Account Holder)
Bank Name	Bank Address
City	State
Account Type: (ch	eck one)
	Your draft will occur on the 1 st of the month. If the 1 st of the month falls on a liday, your draft will occur on the next banking day.
For Savings Accountable below)	ats Only: (For Checking Accounts, please attach a blank, voided check
Bank Routing #:	Account #:
through monthly ch Advantage HMO (t is denied, the Comp and that, if I provide	ne bank or financial organization named above to pay my plan premium eck or electronic account debits drawn by and payable to Farm Bureau ne Company). I understand and agree that, if any payment authorized hereby any will contact me to make arrangements for an alternate form of payment, e, verbally or in writing, corrected information for the account, this es full authority for the Company to charge the account using such corrected
X	Date
	ease sign as signature appears on signature card at bank)
	Please tape (do not staple) a blank, voided
	check in the space that you would like
	your premium payment deducted from.
I	

Please return this form to: P.O. Box 240, Columbia, TN 38402 or Fax to 1-800-784-1580

Farm Bureau Advantage HMO is a MAPD plan with a Medicare contract. Enrollment in Farm Bureau Advantage HMO depends on contract renewal.