



701 S. Country Club Drive, P.O. Box 658, Jefferson City, MO 65109

Cancel Electronic Funds Payment

I _____ authorize Missouri Farm Bureau Insurance Companies and Missouri Farm Bureau Federation (collectively Missouri Farm Bureau) to cancel the deductions of insurance premium and/or Membership Dues from the account number at the financial institution named.

Bank Name: _____

Bank Address _____

Bank phone number (____) ____ - _____

Section A: (Required) Farm Bureau Policy Number(s)

CANCEL Electronic Funds Payment Plan effective: _____

*(We must have 30 days advance notice) *please note that Membership dues are non-refundable*

List the MEMBERSHIP* / POLICY Number(s) the cancellation is for:

Section B: (Required) Signature

Printed Name: _____ Daytime Phone Number: (____) ____ - _____

Authorized Signature (Required)

Date (Required)

The undersigned understands that this authorization will remain in full force and effective until the undersigned notifies Missouri Farm Bureau in writing to revoke this authorization. The undersigned understands that Missouri Farm Bureau requires at least 30 days prior notice in order to cancel this authorization.