

**AUTHORIZATION AND AGREEMENT FOR ELECTRONIC MEMBERSHIP PAYMENT PLAN
NORTH CAROLINA FARM BUREAU FEDERATION**

I have read and agree to the Terms and Conditions for Electronic Membership Payment Plan via Electronic Funds Transfer (EFT) below.

I hereby authorize North Carolina Farm Bureau Federation, Inc. ("NCFB") to initiate debit entries to my () **Checking Account** or () **Savings Account (Select One)** at the financial institution named below and to draft the account.

It is understood that such debit entry or draft shall constitute notice of Membership dues. Should any debit entry or draft not be paid by the financial institution for any reason, it is understood that this method of dues payment shall terminate and that dues shall be payable directly to NCFB. It is also understood that NCFB assumes no responsibility for bank charges on these drafts. I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of U.S. law.

FINANCIAL INSTITUTION: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER: _____

Please provide savings or checking account information. For checking accounts, please attach a voided check if possible to ensure accuracy.

ACCOUNT NUMBER: _____

Please provide savings or checking account information. For checking accounts, please attach a voided check if possible to ensure accuracy.

This authorization is to remain in full force and effect until NCFB has received written notification of its termination from the member(s) who executed it in such time to afford NCFB and the financial institution a reasonable opportunity to act on it.

MEMBERSHIP CHANGES MUST BE INDICATED ON AN ATTACHED FORM

ACCOUNT HOLDER NAME: _____ SIGNATURE: _____

DATE: _____ MEMBER NAME: _____

MEMBERSHIP NUMBER: _____

TERMS AND CONDITIONS: ELECTRONIC MEMBERSHIP PAYMENT PLAN

SIGN UP: To sign up for the Electronic Membership Payment Plan (Electronic Funds Transfer- EFT), please complete the required Authorization and Agreement form. If requesting the payment be drafted from a checking account, attach a voided check if possible. If you prefer to designate a savings account for your EFT, please contact your financial institution for the correct routing and account numbers to include on the Authorization and Agreement Form.

ELIGIBILITY: Membership balance must be current to be eligible for the Electronic Membership Payment.

START DATE: The first EFT draft will occur at your next Membership renewal.

CHANGES: To assure payment without interruption, we must receive in writing at least 15 days in advance of the due date on your bill notice of any changes to the financial institution account designated in the Authorization and Agreement, whether those changes were implemented by you or the financial institution designated. If you have changed financial institutions, you must complete and submit a new Authorization and Agreement.

ADJUSTMENTS: We will notify you of increases or decreases to your Membership dues and the amount to be debited from your account or we will refund to you any credit amounts owed.

DISALLOWED CHARGE/NON-SUFFICIENT FUNDS: It is your responsibility to assure the availability of funds or make the appropriate Membership dues payment to maintain your Membership. We will notify you in writing of a disallowed charge/Non-Sufficient Funds situation. Your eligibility to continue in the Electronic Membership Payment Plan will be solely at NCFB's discretion.

TERMINATION BY YOU: We must be in receipt of any termination of the Authorization and Agreement by you in writing at least 15 days prior to the Due Date of your Membership payment as designated on your bill notice.