



Billing Client Name: \_\_\_\_\_

\*Billing Client Number: \_\_\_\_\_

\*Policy Number: \_\_\_\_\_

Agent Name & Number: \_\_\_\_\_

\*To be completed when policy is bound

Personal Lines Customer Service:  
866-399-FBFS (3237) or 785-587-6011

Commercial Lines Customer Service:  
800-526-7270 or 785-587-6002

Recurring Withdrawal Date \_\_\_\_\_ Beginning Month \_\_\_\_\_  
1<sup>st</sup> – 28<sup>th</sup>

Payment Frequency:  Monthly  Quarterly  Semi-Annual  Annual

E-mail Address: \_\_\_\_\_

Please note: Billing notices will be mailed to you only if there is a change in your scheduled amount due. Please update your financial records accordingly. Visit [www.FBFS.com](http://www.FBFS.com) to register for account access, to view your billing statements online or sign up for paperless billing.

\*\*Automatic Deductions will attempt as early as 12:01am on your withdrawal date.

**Please select only one type of electronic payment method and complete the associated section. If both sections are authorized below, the bank account shall be used for recurring payments.**

**Checking or Savings** \*\*Please upload to Workflow or fax to 877-860-2902 or 800-404-4459.  
Please include a voided check.

***Once signed, no changes or alterations may be made to the form. Any changes to the form will invalidate the authorization.***