



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 _____
1st – 28th

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 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.