

Farm Bureau Bank P.O. Box 33427 San Antonio, TX 78265-3427

Fax: 866.913.5087

Joint Account Owner/Authorized Signer Authorization

This form is used to add or remove Joint Account Owners or Authorized Signers. Please complete, print, sign and return this form to Farm Bureau Bank.

Joint Account Owners: have rights of survivorship, can add or remove signers from the account, and share the legal responsibility of the account.

	ACC	OUNT OWNER		
Date		Phone Number		
Account Owner Name		Account Number		
Please remove the person below from my	, Farm Rureau account			
Please add the person below to my Farm		owing canacity:		
Joint Account Owner	bareau account in the folio	owing capacity.		
Authorized Signer (Health Savings ac	counts only)			
Authorized to obtain information on				
Account Owner Signature:		Date:		
JOI	NT ACCOUNT OWNER/	AUTHORIZED SIGNER INFORMA	TION	
First Name	MI	Last Nama		
First Name	MI	Last Name		
Social Security Number		Date of Birth		
,				
Physical Address		City	ST	Zip
Mailing Address (If different from		City	ST	Zip
Driver's License*	State	Home Phone Number	V	Nork Phone Number
* If Driver's License is not available, provide a copy o	f Photo Identification (front &	back)		
Account Options (if applicable): Please review your accountTerms and Conditions to	verify availability to Visa® Debi	t card access on your account.		
Yes, please send a freeVisa® Debit card for	the Designated account u	ser above.		
Yes, please send checks with updated info	_			
Under penalty of perjury, I certify that the num Important information about procedures for a laundering activities, Federal Law requires all faccount. What does this mean to you? We will ask to see your Driver's License or other identification.	adding Authorized Signers inancial institutions to obta ask your name, address, d	to an account: To help the governme ain, verify and record information th	at identifies each pe	erson connected to an
Added/Removed				
User Signature:		Date:		

1

FBBAR0312