

Third Party Representative Authorization

Identification Number			Year
870 _____			_____

Client Information
Business Name _____
Business Address _____

Part 1: Who is receiving authorization? (one per form)
Name of person or business _____
Address _____
Email _____
Office Phone Number _____ Cell _____ Fax _____

Part 2: Select the AFSC product line(s) that you are authorizing the Third Party Representative to access.		
<input type="checkbox"/> Insurance	<input type="checkbox"/> AgriStability	<input type="checkbox"/> Livestock Price Insurance

Consent Statement and Client Declaration
<p>I understand that:</p> <ul style="list-style-type: none"> The Third Party Representative has authority to engage with AFSC on my behalf in the following ways: they can view, receive and submit all information for the selected product line(s), and complete transactions online. The Third Party Representative is not permitted to: cancel contracts, update my personal information or banking information. This authorization does not override the terms and conditions of the program or product the client has agreed to with AFSC. <p>It is my responsibility to contact AFSC and terminate this authorization if for any reason I no longer want the person/business named in Part 1 to access my information.</p> <p>By signing this form, you authorize the Third Party Representative identified in Part 1 for the product line(s) selected in Part 2 to engage with AFSC on your behalf and AFSC to engage with the authorized Third Party Representative.</p> <p>Print Name _____</p> <p>Client Signature _____ Date _____</p>

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary
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