



Banking Benefits – Deposit Package Qualifying Account Opt-In Authorization

Commencing on or after the date of this document, I authorize State Farm Bank® to include my sole owned Credit Card account listed below as a Qualifying Credit Card in my Banking Benefits – Deposit enrollment.

State Farm® Visa® credit card number (last four digits only) _____

By signing this document, I agree and understand that:

- The above referenced Credit Card account is held in my name as a sole owner.
- Account information regarding my credit card will appear on the monthly Package Summary Statement that is mailed to the current and any future Joint Owner(s) of the Qualifying Checking accounts in the enrollment. The account information on the statement is limited to the last four digits of my credit card account number and will not include any account balances or transaction activity.
- This Authorization will remain in full force and effect until I revoke it by calling State Farm Bank at 877-SF4-BANK (877-734-2265). If you are deaf, hard of hearing, or do not use your voice to communicate, you may contact us via 711 or other relay services.
- This signed Authorization is not effective until it is received and processed at State Farm Bank Operations Center. Once this signed form is reviewed and approved, your enrollment will be updated to include the credit card listed above.
- My Relationship Rate will reflect the inclusion of my Qualifying Credit Card account with the next Package Summary Statement cycle after this form is processed.

Be sure to verify the accuracy of the above information to ensure successful processing. Incorrect information could result in a delay in the impact of your Relationship Rate. A facsimile copy can be used to initiate this transfer. Questions concerning this Authorization may be directed to the Bank by calling 877-734-2265.

Print Customer Name

Customer Signature

Date

This completed and signed authorization may be mailed to State Farm Bank, Bank Operations Center, P.O. Box 2316, Bloomington, IL 61702-2316 or faxed to 309-763-8210.

