

Direct Deposit Authorization Form

Name _____ Requested Effective Date* _____

**Please complete and submit this form along with the required documentation noted below by the 5th day of the month to be set up for the mid month payment and by the 20th of the month to be set up for the month end payment.*

Address/City/State/Zip _____

Social Security Number _____ Tax ID Number _____

State-Agent Code _____ Phone (_____) _____

Email address _____

Check if you would like an email confirmation when this form is received

Required Documentation (Please note: This form cannot be processed without the following documentation.)

****For a deposit to a checking account, please submit a voided check, photocopied check or a certified letter from your financial institution along with this completed authorization form (a deposit slip is not acceptable).**

****For a deposit to a savings account, please submit a deposit slip or a certified letter from your financial institution along with this completed authorization form.**

Select One

- Retired or Inactive Agent
- Legal Heir or Trust
- TICA (Individual earnings must be deposited into a Personal or a Non-Corporation Business account)
- MOA (Individual earnings must be deposited into a Personal or a Non-Corporation Business account)

Please note: (State Farm does not recognize Corporations under the TICA or MOA contracts)

I hereby authorize State Farm Mutual Automobile Insurance Company, its affiliates and subsidiaries ("State Farm") to initiate credit entries and to initiate, if necessary, adjustments for any credit entries made in error to the accounts listed below:

Section 1

Are you incorporated? YES NO (please proceed to Section 2 for account information)

Please Note: State Farm must recognize your corporation.

Are you the President of the Corporation? YES NO

If NO, do not continue; this form must be completed by the President of the Corporation

Section 2

Please note:

- Corporation earnings may be deposited into a Corporation (TIN), Business (SSN) or Personal (SSN) account
- Securities earnings must be deposited into a Personal (SSN) account
- Bank earnings, state regulations require Bank earnings paid to incorporated agents be deposited into a Personal (SSN) account in the following states:
AL, AK, AR, CO, CT, DC, FL, GA, HI, ID, IN, IA, KS, ME, MD, MI, MN, MS, NV, NH, NJ, NC, ND, OK, OR, SC, TX, UT, VT, VA, WA, WV, WI, WY
- Individual earnings must be deposited into a Personal (SSN) or a Business (SSN) account

Section 3

Account #1

Select One Checking Account Savings Account

AND

Select One Registered under my SSN Registered under my TIN

If incorporated select applicable earnings for this account

- Corporation earnings
 Securities/Mutual Funds earnings Bank earnings

Bank Name _____

Routing Number _____ Account Number _____

Percentage Per Payment _____ or Dollar Amount Per Payment _____

Account #2

Select One Checking Account Savings Account

AND

Select One Registered under my SSN Registered under my TIN

If incorporated select applicable earnings for this account

- Corporation earnings
 Securities/Mutual Funds earnings Bank earnings

Bank Name _____

Routing Number _____ Account Number _____

Percentage Per Payment _____ or Dollar Amount Per Payment _____

This authority is to remain in effect until State Farm has received written notification from me of its termination in such time and in such manner as to afford State Farm and the depository institution a reasonable opportunity to act on it or until I have received written notification of the cancellation of direct deposit offered by State Farm or the depository institution. I understand that all securities-based compensation and bank compensation in the states listed in this document must be paid to a personal account as opposed to a corporation account. I certify that the information provided above will allow State Farm to process my direct deposit in accordance with its internal policy.

Signature _____ Date _____

Please submit this form and required documents to:

Fax:

309-735-1910 Attention: Direct Deposit Team

Or

Mail to:

FSS/Agency Comp Direct Deposit Team P-4
State Farm Insurance Companies
3 State Farm Plaza South
Bloomington, IL 61791-0002

For questions, please contact the ASR at 1-877-889-2294