

**Attention: Accounts Receivable/Accounting
Request to Transfer Automatic Payments**

Print and complete this form, then mail to the company that currently automatically withdraws from your account.

FROM

Your Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

TO *Complete the information below regarding the Company that currently automatically withdraws from your account.*

Company Name _____

Address _____

City _____ State _____ Zip _____

My Account Number with YOUR Company is _____

AUTHORIZATION

To whom it may concern:

Please immediately change my automatic payments to the bank account listed below.
My new bank account information is:

State Farm Bank
P.O. Box 2316
Bloomington, IL 61702-2316
1-877-734-2265

My new State Farm Bank account # is _____

My new State Farm Bank routing number is: 071174431



Signature _____

Date _____

Send this form along with the voided State Farm Bank check to the company you've listed above.