AUTOMATIC TRANSFER AUTHORIZATION

Name, Address of Depositor(s):

Effective on the date below, Depositor authorizes Financial Institution to complete the following transfer of funds:

Depositor authorizes $_________________________ to be transferred __________________________ (transfer amount) (frequency)

beginning on ____________________ and ending on ____________________ (effective date) (termination date)

The amount stated above will be deducted from Depositor's ______________________ account

# ____________________ and credited to ______________________ account # ____________________

(account number) (account number)

IMPORTANT NOTE: If a transfer is made from a savings account, certain limitations apply. A maximum of six (6) transfers per month from Depositor's savings/money market account to another account or to a third party may be made by automatic transfer. Further, Financial Institution reserves the right to require seven (7) days prior written notice from Depositor of Depositor's intent to withdraw any funds from a savings/money market account.

CHEXSYSTEMS REPORTING: State Farm Bank may report information about your account to ChexSystems including negative information. Non-sufficient funds, multiple overdrafts, or suspicious activity on your account may be reflected in your ChexSystems report.

DISPUTING ACCOUNT INFORMATION REPORTED TO CHEXSYSTEMS: We furnish information about your account to ChexSystems. You have the right to dispute the accuracy of the information reported by writing to us at: State Farm Bank, F.S.B., ATTN: Credit Reporting, P.O. Box 2313, Bloomington, IL 61702-2313.

If no termination date is stated above, this Authorization will remain in effect until terminated in writing by either Depositor or Financial Institution. Depositor understands that he/she must abide by the terms and conditions of all of the accounts named above and that this Authorization does not change any such terms and conditions.

SIGNATURES

Depositor's
Signature X________________________________________
Date:______________________________________________

Depositor's
Signature X________________________________________
Date:______________________________________________

State Farm Bank, F.S.B.
P.O. Box 2316
Bloomington, IL 61702
877-SF4-Bank
(734-2265)

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