



## State Farm Bank® Authorization Agreement for Direct Deposit

- Directions:**
1. Attach a personal check from your new State Farm Bank account with the word "VOID" written in ink across the front of the check. Do not sign the check.
  2. Complete this form remembering to sign and date it.
  3. Submit this form to your employer.
  4. Please complete a separate sheet for each State Farm Bank account.

PARTICIPANT INFORMATION			
Name (Please Print)			Social Security Number
Street Address			Home Phone (Area Code)
City	State	ZIP Code	Work Phone (Area Code)

DIRECT DEPOSIT INFORMATION			
<b>Please provide the following information:</b> <input type="checkbox"/> First time Direct Deposit <input type="checkbox"/> Change of Direct Deposit			
Name of Employer or Fund Originator			
City	State	ZIP Code	Phone (Area Code)

<p><b>SELECT ONE OF THE FOLLOWING:</b></p> <p><input type="checkbox"/> Checking Account Account Number: _____</p> <p><input type="checkbox"/> Savings Account Account Number: _____</p> <p><input type="checkbox"/> Money Market Account Account Number: _____</p>	<div style="border: 1px solid gray; padding: 10px; text-align: right;"> <p>Check Number</p> <p>101</p> <hr/> <p>Pay to the order of _____ \$ _____</p> <p>_____ Dollars</p> <p>State Farm Bank P.O. Box 2316 Bloomington, IL 61702-2316</p> <hr/> <p>⑆ 071174431 ⑆ 12 34567890 ⑆ 101</p> <p style="font-size: small;">9-digit Routing Number    Account Number</p> </div>
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I wish to deposit to my State Farm Bank account: (check one)

Entire Net Pay     % of Net Pay \_\_\_\_\_ %     Specific Amount \$ \_\_\_\_\_

AUTHORIZATION AND SIGNATURE	
I authorize (name of employer or fund originator) _____ to initiate direct deposit entries to my account at State Farm Bank, P.O. Box 2316, Bloomington, IL 61702-2316.	
I understand that this authorization will remain in full force and effect until the company named here has received written notification from me of its termination in such time as to afford the company and depository a reasonable opportunity to act.	
This authorization form is valid only to initiate a direct deposit of funds to a State Farm Bank account. Participation in direct deposit is contingent upon your employer or fund originator offering the service and your eligibility to participate.	
_____ <i>Participant's Signature</i>	_____ <i>Date (mm/dd/yyyy)</i>
Note that some organizations or companies (like Social Security) may require you to use a special form. Contact your employer or income source to make sure no other forms are required.	