

# Automated Payments Authorization

State Farm billing account number \_\_\_\_\_

## AUTHORIZATION

I hereby authorize State Farm Mutual Automobile Insurance Company, its affiliates and subsidiaries (State Farm®), service providers, successors, and/or assigns, and any other successors or assigns of State Farm and the financial institution designated below (or any other financial institution I may authorize at any time) to deduct/charge automated recurring payments and non-recurring periodic payments required for the payment of insurance from either my financial account or credit/debit card listed below.

The due date, frequency, and amount for each insurance product issued will be set forth in a billing notice sent at least 10 days in advance of the due date for your recurring and if needed, any non-recurring periodic payment. I understand that if (i) any debit/charge differs from the recent transfer by at least \$5.00 more or at least \$100.00 less than my most recent monthly debit/charge amount or (ii) if my requested due date changes, State Farm will notify me in advance of the amount of the upcoming debit/charge or if my requested payment due date changes. Otherwise I understand and agree that State Farm will not separately notify me by mail if a different debit/charge that differs from the most recent transfer if the difference falls within the range stated above. I understand that at any time I can view my next amount due on the State Farm mobile app, by logging into my StateFarm.com account, or by contacting my agent.

## RECURRING PAYMENT FREQUENCY OPTIONS


Monthly	Deduction/Charge Every Month
Pay Half on 6 month policy or Pay Quarterly on 12 month policy	Deduction/Charge Every 3 Months
Pay Half on 12 month policy or Pay in Full on 6 month policy	Deduction/Charge Every 6 Months
Pay in Full on a 12 month policy	Deduction/Charge Every 12 Months

## Recurring payment

The amount of the recurring deduction/charge for each policy is the amount owed for the policy term divided by the frequency of the payments. The date of the actual recurring deduction/charge may vary based on the processing times of the authorized financial institution and other situations as discussed in the Billing and Payment Agreement.

## Additional non-recurring periodic payment

In the event of a change made during a policy term that requires additional premium to be paid prior to the next scheduled recurring payment for that policy, State Farm may deduct/charge the financial institution designated below (or any other financial institution I may authorize at any time) for the payment of insurance upon sending a separate billing notice, sent at least 10 days in advance of any such non-recurring deduction/charge and include the payment amount owed and date of the deduction/charge for the non-recurring periodic payment. The actual date of the deduction/charge may vary based on the processing times of the authorized financial institution and other situations as discussed in the Billing and Payment Agreement. A non-recurring periodic payment does not replace or remove the next scheduled recurring payment.

Signature on   
next page

**PAYMENT METHOD**

Account type	Routing transit number	Last four of bank account number
	Last four of credit/debit card	Expiration
Financial institution name		
Card type		

It is my responsibility to provide and ensure the financial information above is up to date and accurate, that I own or am authorized to use for this purpose and to notify State Farm of any changes at least 10 business days before payment to the address listed at the top of this form or through an email sent to my agent.

If any transaction is not honored by my financial institution, the policy(ies) or loan(s) will be considered unpaid and fees may be incurred. State Farm will ask me to provide a replacement payment for the payment not honored, and will discontinue automated payments. If a replacement payment is made, automated payments will continue if a valid account at a financial institution is available. Otherwise, automated payments will not resume unless requested by me and approved by State Farm at a later date.

I understand State Farm has the right to discontinue the automated payment option for any reason.

I acknowledge that I have received, understand and agree to the terms of the Billing and Payment Agreement and that I own or am authorized to use this financial account or credit/debit card for this purpose.

I understand and agree that State Farm may revise these terms at any time upon notification.

This authority remains in effect until State Farm has received written or electronic notification from me of its termination at least 10 business days before the next scheduled payment to the address above or by contacting my agent.

Payor electronic signature

**SIGNATURE**

**State Farm Affiliate Insurers**

The Billing and Payment Agreement and the State Farm affiliate initiating your authorized automated payment may vary based on applicable laws and the affiliate with which you are transacting business. A customer may transact with more than one State Farm affiliate under different agreements and payment options.

**The State Farm affiliates include the listing entities and any other subsidiary or affiliate hereafter formed or acquired by State Farm Mutual Automobile Insurance Company. Please also note that a currently listed entity may also stop offering this Agreement.**

*Please refer to your policy or contact your State Farm agent for more information.*

- State Farm Mutual Automobile Insurance Company
- State Farm Fire and Casualty Company
- State Farm General Insurance Company
- State Farm Lloyds
- State Farm Florida Insurance Company
- State Farm Life Insurance Company
- State Farm Life and Accident Assurance Company
- State Farm Indemnity Company
- State Farm Guaranty Insurance Company
- State Farm County Mutual Insurance Company of Texas