

Recurring Monthly Payment Option



1 State Farm Plaza
Bloomington, IL
61710-0001

Customer Account Number: _____

I hereby authorize State Farm Mutual Automobile Insurance Company, its affiliates and subsidiaries (State Farm), and the financial institution designated below, service providers, successors, and/or assignees, 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 regular recurring payments required for the payment of insurance or loan repayments from either my financial account or credit/debit card. (Please note: The date of the actual deduction/charge may vary based on the processing times of the authorized financial institution.)

This authority remains in effect until State Farm has received written or electronic notification from me of its termination at least ten (10) business days before the next scheduled payment to the address on the right or through an email sent to my Agent.

Financial Institution Name: _____

Routing Transit Number: _____

Last Four (4) Characters of Account Number: _____

Account Type: _____

Last Four (4) Characters of Card Number: _____


Expiration: _____

It is my responsibility to provide and ensure the financial information above is up to date and accurate, and to notify State Farm of any changes to this information at least ten (10) business days before the next scheduled payment to the address on the right 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 not paid. State Farm will ask me to provide a replacement payment for the dishonored payment and will suspend the recurring payment option until after a timely replacement payment has been received. State Farm has the right to charge me for any payment not honored by my financial institution or any payment that is received after the due date.

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) 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 via mail of a different debit/charge that differs from the most recent transfer if the difference falls within the range set forth above. I understand that 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, when I have a bill produced that will always be at least 10 days in advance of the due date.

I understand and agree that State Farm has no obligation to apply any loan repayment amount toward any payment that is unpaid, and will not do so.

Signature on 
next page

I acknowledge that I have received, understand and agree to the terms of, the State Farm Payment Plan Agreement.

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

Payor Name

Payor Signature

Date

SIGNATURE

State Farm Affiliate Insurers

The type of payment plan and the state or province where the applicant lives determine which of the State Farm affiliates will initiate the authorized recurring deduction/charge. A customer may have an agreement with more than one State Farm affiliate for different premium payment plans and different payment options.

The State Farm affiliates include:

- 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
- State Farm Classic Insurance Company