corresponding annual percentage rates are described below:

(a) When Interest Begins to Accrue:

When Interest Begins to Accrue: We calculate interest on purchases, Balance Transfers and Cash Advances at the rates and in the manner described in this Agreement.

(b) Balance Transfers:

You can request a balance transfer by completing the balance transfer form on your Card or by calling us from a telephone you have not authorized to use your Card.

(c) Cash Advances:

We refer to the Agreement on the back of the Card for information on how to obtain a Cash Advance.

(d) Additional Terms:

We reserve the right, without notice, to change the terms of this Agreement.

8. Your Acceptance of the Terms of this Agreement: You are responsible for the prompt payment of all amounts due under this Agreement. You cannot avoid paying interest or fees by returning your Card each time you use it. If you do not wish to be bound by the terms and conditions of this Agreement, you should not use or authorize another person to use the Card.

9. Cancellation of Card:

We reserve the right, in our discretion, to cancel your Card and close your Account without prior notice if we determine that you: (a) violate the terms of this Agreement; or (b) are involved in any matter that we reasonably believe may adversely affect our banking operations or our ability to collect amounts due under this Agreement.

10. State Bank of New York:

We may use information about your account in making decisions about your account. We may also use information about you in deciding whether to extend you credit or to provide other products or services. If you are a consumer who has a personal or family relationship with a person described above, we may not be able to provide credit or other products or services to you.

11. State Bank of New York:

We may use information about your account in making decisions about your account. We may also use information about you in deciding whether to extend you credit or to provide other products or services. If you are a consumer who has a personal or family relationship with a person described above, we may not be able to provide credit or other products or services to you.

12. State Bank of New York:

We may use information about your account in making decisions about your account. We may also use information about you in deciding whether to extend you credit or to provide other products or services. If you are a consumer who has a personal or family relationship with a person described above, we may not be able to provide credit or other products or services to you.

13. State Bank of New York:

We may use information about your account in making decisions about your account. We may also use information about you in deciding whether to extend you credit or to provide other products or services. If you are a consumer who has a personal or family relationship with a person described above, we may not be able to provide credit or other products or services to you.

14. State Bank of New York:

We may use information about your account in making decisions about your account. We may also use information about you in deciding whether to extend you credit or to provide other products or services. If you are a consumer who has a personal or family relationship with a person described above, we may not be able to provide credit or other products or services to you.

15. State Bank of New York:

We may use information about your account in making decisions about your account. We may also use information about you in deciding whether to extend you credit or to provide other products or services. If you are a consumer who has a personal or family relationship with a person described above, we may not be able to provide credit or other products or services to you.

16. State Bank of New York:

We may use information about your account in making decisions about your account. We may also use information about you in deciding whether to extend you credit or to provide other products or services. If you are a consumer who has a personal or family relationship with a person described above, we may not be able to provide credit or other products or services to you.

17. State Bank of New York:

We may use information about your account in making decisions about your account. We may also use information about you in deciding whether to extend you credit or to provide other products or services. If you are a consumer who has a personal or family relationship with a person described above, we may not be able to provide credit or other products or services to you.
We may replace your Card with another credit card at any time.

only by a writing originated by us and sent to you or a written amendment to the Agreement, we will provide information or assistance we reasonably request to permit you to challenge any charge to your Account. The creation of a special transaction code or the issuance of a new Card will not be considered a writing originated by us. You may stop payment on an unpaid Check by providing us with the name and address of their spouse to State Farm Bank at PO Box 87, Bloomington, Illinois 61702-2326.

If any such payment instrument or information is not received, late fees and increased charges and fees will apply to both existing and new balances. If a merchant discloses a policy such as “no returns”, you may have the right not to pay the amount of the charge. If you receive our explanation but still believe your bill is wrong, you must contact us:

In your letter, give us the following information:
- Your name
- The Account number
- The date of the bill with the error
- The amount of the error
- A description of the error
- Your name and address

If you do not hear from us within 10 business days (not counting the day of receipt or the day on which you correctly gave us your oral or written Notice), or if you are not satisfied with our response, you can submit a written statement describing in detail your reasons for believing that the bill is incorrect to State Farm Bank at PO Box 87, Bloomington, Illinois 61702-2326, or call us at 877-734-8472.

We may then report you as delinquent if you do not pay the amount in question, along with applicable interest and fees. We will provide you with the error or explain to you why we believe the bill is correct.

What Will Happen After We Receive Your Letter

• Within 60 days after the error appeared on your statement.

You must contact us:
- Your name
- The Account number
- The date of the bill with the error
- The amount of the error
- A description of the error
- Your name and address

The monthly Minimum Payment Due is 1% of the New Balance (less interest charges and Late Fees and rounded to the nearest $1). You may change the Minimum Payment Due if you notify us in writing at least 15 days before the date the payment is due. The statement closing date is the date we determine you made a purchase through your Account and, if applicable, any minimum required trial balance (including Late Fees and rounded to the nearest $1). You may change the Minimum Payment Due if you notify us in writing at least 15 days before the date the payment is due. The statement closing date is the date we determine you made a purchase through your Account and, if applicable, any minimum required balance. You must make a minimum payment each month at least the amount of the Minimum Payment Due or the revolving balance (less any current year payments, credits, and any refunded or reversed transactions)(i) a rate in effect at the time the transaction is processed and may use (i) a rate in effect at the time the transaction is processed and may use

You may stop payment on an unpaid Check by providing us with the name and address of the spouse to whom you wish to cancel correspondence, if any, sent to you or a written amendment to the Agreement. You may close your Account by sending us a written request at State Farm Bank at PO Box 87, Bloomington, Illinois 61702-2326. If you do not hear from us within 10 business days (not counting the day of receipt or the day on which you correctly gave us your oral or written Notice), or if you are not satisfied with our response, you can submit a written statement describing in detail your reasons for believing that the bill is incorrect to State Farm Bank at PO Box 87, Bloomington, Illinois 61702-2326, or call us at 877-734-8472.

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