



For Back Office Use Only

Account #:
SSN:
Date:

PREAUTHORIZED TRANSFER REQUEST

DEBIT State Farm Bank® Account (State Farm Bank to external account)

Effective on _____, I authorize State Farm Bank to debit my State Farm Bank account # _____ in the amount of \$ _____ to be credited to my Consumer Business Checking Savings Money Market account # _____ at (Receiving Bank):
(Bank Name) _____
(Routing and Transit #) _____
(City, State, ZIP Code) _____

I would like this transfer to occur (Frequency): _____

CREDIT State Farm Bank Account (External bank to State Farm Bank)

Effective on _____, I authorize State Farm Bank to credit my State Farm Bank account # _____ in the amount of \$ _____ to be debited from my Consumer Business Checking Savings Money Market account # _____ from (Transmitting Bank):
(Bank Name) _____
(Routing and Transit #) _____
(City, State, ZIP Code) _____

I would like this transfer to occur (Frequency): _____

By signing this document, I agree that:

State Farm Bank, F.S.B. will be responsible only for performing the services expressly provided for on this Authorization, and will be liable only for its gross negligence or willful misconduct in performing these services. In no event will State Farm Bank be liable for any consequential, special, punitive or indirect loss or damage, which the Customer may incur or suffer in connection with this Authorization. Without limiting the foregoing, State Farm Bank will not be liable for the failure to make any transfers subject to this Authorization where (a) through no fault of State Farm Bank, the Account contains insufficient funds to cover the transfer; (b) the transfer would go over the credit limit of the Customer's overdraft line (if applicable); or (c) circumstances beyond the control of State Farm Bank (e.g. legal constraint, interruption of transmission or communication facilities, equipment failure, war or emergency conditions) prevent the transfer, despite reasonable precautions taken by State Farm Bank. State Farm Bank will not be liable for attorney fees incurred by this Customer in negotiating or conducting business pursuant to this Authorization.

Please allow up to 7 business days for the processing of any new requested transfers. This Authorization will remain in full force and effect until State Farm Bank has received written or oral notification from any account holder. You can cancel this Preauthorized Transfer Request by calling, faxing or writing State Farm Bank. You must call or write in time for State Farm Bank to receive your request at least three business days prior to the date of the next transfer. To request a change, your current agreement must first be canceled by contacting State Farm Bank and a new Preauthorized Transfer Agreement completed.

Funds received via this authorization may be used as an opening deposit. Applicants are responsible for providing the correct routing and transit number and account number. Incorrect information will result in a voided request. State Farm Bank is authorized to initiate this ACH transfer upon the earlier of: (1) the submission of the account application or (2) the latest date listed below next to the customer signature(s), or any time thereafter. However, the funds may be returned as deemed appropriate by State Farm Bank if: (1) State Farm Bank determines that the application does not meet underwriting guidelines (2) Any required account opening documentation is not received by State Farm Bank within 14 calendar days of application.

State Farm Bank may terminate this service at any time with 10 days' notice mailed or delivered to Customer. This Authorization is subject to the rules and regulations governing accounts for State Farm Bank.

If you request a transfer of your funds from/to State Farm Bank or another State Farm® company, we will share both internal and external account information within our companies to complete the transaction.

If the requested transfer occurs on a weekend or holiday, the transfer will be processed on the next business day.

Customer's Signature

Date

Customer's Signature

Date

Mail completed request to:

State Farm Bank, F.S.B.
Attn: Operations Center
P.O. Box 2316
Bloomington, IL 61702-2316
Fax: 855-261-6712

Questions? Call 877-734-2265
Callers who are hearing or speech
impaired should dial 711 or use a
preferred Telecommunications Relay
Service.

