

**Electronic Funds Transfer
On Demand Authorization**

Commencing on or after the date of this On Demand Authorization, I authorize State Farm Bank® to credit my State Farm Bank Account Number _____ in any amount within the range of \$25.00 to \$25,000.00 (higher amounts if agreed upon by Customer and State Farm Bank) based upon my further instructions from the following account held in my name at another financial institution ("Debit Account").

DEBIT ACCOUNT INFORMATION

Checking Savings

Account Number _____ from (Financial Institution)

(Bank Name) _____

(Routing and Transit Number) _____

(City, State, and ZIP Code) _____

By signing this document, I agree that:

The above-referenced Debit Account is held in my name, either solely or jointly with another individual, and I have an absolute and unrestricted right to all funds held in such Debit Account. I hereby authorize State Farm Bank to confirm the ownership of the above-referenced Debit Account and further authorize the above listed financial institution holding such accounts to release such financial information to State Farm Bank as is necessary to confirm my ownership of this Debit Account or to effect transactions covered by this Authorization.

State Farm Bank will be responsible only for the services covered in this Authorization and delivered by me in my further instructions, and will be liable only for its gross negligence or willful misconduct in performing these services. I may give further instructions to State Farm Bank for services covered by this Authorization either in writing, via telephone or over the Internet. I hereby agree to reimburse, defend and hold State Farm Bank harmless for any transaction requested by me in my further instructions which is subsequently found to have not been proper or authorized for whatever reason. 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 State Farm Bank's control (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.

This Authorization will remain in full force and effect until State Farm Bank has received written notification from any Customer named on the Account subject to this Authorization of its termination in such time and manner as to afford State Farm Bank a reasonable opportunity to act on it. State Farm Bank may terminate this service at any time with ten (10) days notice mailed or delivered to Customer. This Authorization is subject to State Farm Bank's rules and regulations governing accounts.

If you request a transfer of your funds with 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