

Preauthorized Transfer Request

Go paperless, by establishing your transfer requests on statefarm.com®.

Questions? Call 877-734-2265. If you are deaf, hard of hearing, or do not use your voice to communicate, you may contact us via 711 or other relay services.

1 Transfer Instructions

If you already have an existing transfer and no selection is made, the default will be Modify/Update.

New/Keep existing transfer and add another Modify/Update *(Select the options within the sections below you wish to change.)*

Effective on _____ I direct State Farm Bank® to transfer funds as directed below:

Transfer of \$ _____ End date (optional) _____

Frequency: _____

2 Funds Movement

- From external business account into State Farm Bank business account
- From external consumer account into State Farm Bank consumer account
- From external consumer account into State Farm Bank business account
- From State Farm Bank account into external account

CHOOSE CREDIT OR DEBIT

Credit to State Farm Bank account number _____ from your external bank.

Debit from State Farm Bank account number _____ into your external bank.

State Farm Bank Account receiving funds. Choose one:

- Checking Savings Money Market
- Health Savings Account (HSA)
- Individual Retirement Account (IRA) Money Market

NOTE: HSA and IRA ACH contributions will be recorded for the current tax year in which the transaction is credited to your account.

State Farm Bank Account being debited. Choose one:

- Checking
- Savings
- Money Market

3 External Bank Information

Name of bank: _____ City, State, ZIP Code: _____

ACCOUNT TYPE

Checking Savings Money Market Business Checking Business Savings Business Money Market

Routing number: _____ Account number: _____

4 Signature

I certify that the information provided above is correct and I am authorized to transfer funds from the account listed above. I acknowledge that I have received, read, and agree to the electronic funds transfer section on the next page. If you are signing using a power of attorney, please indicate account holder name when signing, for example: account holder name, by your name, power of attorney.

Signature

Date (mm/dd/yyyy)

SIGNATURE

Printed name

Telephone number

5 Electronic Funds Transfer

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 will remain in full force and effect until State Farm Bank has received notification from any account holder. You can cancel this Preauthorized Transfer Request by calling, chatting, faxing, or writing State Farm Bank. You must call, chat, 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 modification to an existing transfer, a new Preauthorized Transfer Agreement must be 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.

CHEXSYSTEMS REPORTING: State Farm Bank may report information about your account to ChexSystems including negative information. Non-sufficient funds, multiple overdrafts, or suspicious activity on your account may be reflected in your ChexSystems report.

DISPUTING ACCOUNT INFORMATION REPORTED TO CHEXSYSTEMS: We furnish information about your account to ChexSystems. You have the right to dispute the accuracy of the information reported by writing to us at: State Farm Bank, F.S.B., ATTN: Credit Reporting, P.O. Box 2313, Bloomington, IL 61702-2313.