

Transfer Authorization

Request a one-time ACH, check, or internal transfer from your State Farm® account.

Do not use this form for a State Farm® Benefit Management Account, Traditional IRA, Roth IRA or CESA.

By signing this document, I agree that:

State Farm Bank® 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 transactions subject to this Authorization where (a) through no fault of State Farm Bank, the Account contains insufficient funds to cover the transfer; (b) the transaction would go over the credit limit of the Customer's overdraft line (if applicable); or (c) circumstances beyond the control of State Farm Bank (i.e. legal constraint, interruption of transmission or communication facilities, equipment failure, war or emergency conditions) prevent the transaction, 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 transaction is not effective until signed by the customer, received and processed at State Farm Bank. At least one person signing below must be an account holder on each of the accounts being debited to effect the transaction requested. The Authorization is a one-time event giving the Bank the ability to initiate the execution of the electronic funds transfer, internal transfer, or check disbursement.


Be sure to verify the accuracy of the information to ensure a successful transaction. Incorrect information could result in a delay in processing. A facsimile copy can be used to initiate this transfer. From receipt of this form by the Bank, please allow up to 3-5 business days for an ACH transaction request and up to 5-7 business days for the receipt of a check. If the requested transfer occurs on a weekend or holiday, the transfer will be processed on the next business day. I certify that the information provided is correct and I am authorized to transfer funds to and from the accounts listed below.

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.

Questions? Call us toll-free at 877-SF4-BANK (877-734-2265) or 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.

*If this transfer is for a new account, **the completed new account documents and the Transfer Authorization form may be faxed to: 855-261-6711.** For existing accounts fax to: 855-261-6715. **Original documents/forms are not required.***

Signature(s) on
next page 

Please complete the information below and return to State Farm Bank for processing. I acknowledge that I have received, read, and agree to the Transfer Authorization section on page one.

I authorize State Farm Bank to **debit** my State Farm Bank

Type of account: ☐ Consumer ☐ Trust ☐ Business

☐ Withdraw ☐ Close Account number _____ for \$ _____
☐ Checking ☐ Saving ☐ Money Market Savings ☐ CD: at maturity ☐ CD: now with penalty

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☐ Withdraw ☐ Close Account number _____ for \$ _____
☐ Checking ☐ Saving ☐ Money Market Savings ☐ CD: at maturity ☐ CD: now with penalty

(If the account is a CD, not at maturity, an early withdrawal penalty may apply.)

And **credit**

Type of account: ☐ Consumer ☐ Trust ☐ Business

State Farm Bank - account number _____ for \$ _____ ☐ CK ☐ SAV ☐ MMS ☐ CD

State Farm Bank - account number _____ for \$ _____ ☐ CK ☐ SAV ☐ MMS ☐ CD

State Farm Bank - account number _____ for \$ _____ ☐ CK ☐ SAV ☐ MMS ☐ CD

State Farm Bank - account number _____ for \$ _____ ☐ CK ☐ SAV ☐ MMS ☐ CD

One-time ACH to another Financial Institution, provide Bank Name, Routing Number and Account Number. **Funds cannot be transferred to a CD or IRA at another Financial Institution.**

Other financial institution - Bank name: _____ Routing number: _____

Name on account: _____ Type of account: ☐ CK ☐ SAV ☐ MMS

Account number: _____ for \$ _____

Check payable to account holder(s) and mailed to account holder address on file in the amount of \$ _____

In the instance this cashier's check is lost, stolen or destroyed we will not be able to replace the cashier's check until you complete an indemnification form and 90 days from the date of the check pass due to legal restrictions on replacing cashier's checks.

Customer signature

Date (mm/dd/yyyy)

SIGNATURE

Customer signature

Date (mm/dd/yyyy)

SIGNATURE

