

State Farm Bank®

(866) 227-4384



State Farm Bank offers a convenient system that automatically debits your payment from your checking or savings account each month. To take advantage of this FREE service, simply complete the Automatic Payment (ACH) Authorization below and return it along with an unsigned voided check* or deposit slip* to: **State Farm Bank, Drafting Department, PO Box 77421, Ewing, NJ 08628 or fax to 609.718.1735.**

(*The voided check or deposit slip must be preprinted with your name, account number and bank's ABA number. The ABA number is located on the bottom left of your check or deposit slip. ABA numbers starting with a 5, 6, 7, 8, or 9 are not valid. Please contact your financial institution if you are unsure whether your deposit slip contains a valid ABA number).

AUTOMATIC PAYMENT (ACH) AUTHORIZATION

I/We hereby authorize State Farm Bank, its successors, assigns, and subservicers to initiate a debit from my/our checking/savings account for my/our recurring scheduled loan payment. If the required payment changes for any reason, this authorization will be automatically amended to authorize the debit of an amount equal to the new required payment plus any optional additional principal indicated below.

You will be notified of the month in which the first transfer will occur, and this notification will serve as a substitute of the photocopy of your authorization form. **Please continue making payments by check until State Farm Bank notifies you that this authorization has been processed.**

Please check one:

Draft on

Due Date

4 Days Following Due Date

9 Days Following Due Date

14 Days Following Due Date

Optional: In addition to my/our regular payment, please deduct an *additional* \$ _____ per debit and apply to principal.

Bank Name: _____

ABA/Bank Routing #: _____

Please check one:

Account Type: Checking

Savings

Account #: _____

The authorization to initiate a debit from your account will remain in full force and effect until State Farm Bank receives written notice from you of its termination at least 15 days prior to the next scheduled draft date, or in such a manner and time frame as to afford State Farm Bank and its correspondent bank a reasonable opportunity to act upon it. Termination requests must be mailed to: State Farm Bank, Drafting Department, PO Box 77421, Ewing NJ 08628-9827 or fax to 609.718.1735.

Account Holder Signature: _____

Date: _____

Joint Account Holder Signature: _____

Date: _____

If you have questions regarding this program, please direct your written correspondence to Customer Service, PO Box 77404, Ewing, NJ 08628 or call our Customer Service Department at 1-866-227-4384.