

Please complete and return to your State Farm agent. Please retain a copy for your records.

Request for Personal Service Pre-Authorized Debit for Payment Plan Number: _____

I hereby authorize State Farm Mutual Automobile Insurance Company, its affiliates and subsidiaries (State Farm®) and the financial institute designated (or any other financial institution I may authorize at any time) to deduct monthly regular recurring payments for the payment of insurance or loan repayments from my account.

Financial Institution: _____

Select one account: Chequing Savings Credit Union Share Draft

Routing Number: _____ **Account Number:** _____

This authority remains in effect until State Farm has received written notification from me of its termination at least ten (10) business days before the next debit is scheduled at the address provided below. I may obtain a sample cancellation form, or more information on the right to terminate at the financial institution or by visiting www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

If any deduction is not honoured by my financial institution, the policies or loans will be considered not paid. State Farm will ask me to pay the dishonored amount. After timely payment is received by State Farm, deductions will resume.

State Farm has the right to discontinue the Pre-authorized Payment Plan if any two or more deductions are not honoured. State Farm will send notification to me at least 10 days in advance whenever the deduction amount or the requested deduction date changes.

I understand and agree State Farm has no obligation to and will not apply any loan repayment amount toward any repayment which is unpaid.

State Farm may revise the terms of this agreement at any time upon written notification. I have also received a copy of the State Farm Payment Plan Agreement.

Requested Deduction Day if different than current due date (1st through 28th): _____

Note - the date of the actual debit may vary based on the processing times of the financial institutions.

Please print the following:

Name of the Payment Plan Accountholder Name of Payor

Signature of Payor: _____ Date: _____

Contact Information:

Agent's Name: _____ Phone: _____

Address/City/Province: _____

State Farm Affiliate Insurers:

State Farm Mutual Automobile Insurance Company
State Farm International Life Insurance Company, LTD
State Farm Lloyds

State Farm Fire and Casualty Company
State Farm General Insurance Company
State Farm Florida Insurance Company