

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

Request for Personal Service Recurring Monthly Payment Option: _____

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/charge monthly regular recurring payments required for the payment of insurance or loan repayments from my financial account.

This authority remains in effect until State Farm has received written or electronic notification from me of its termination at least ten (10) business days before the next scheduled payment at the appropriate 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.

Financial Institution name: _____
Financial Institution routing/transit number: _____
Financial Institution account number: _____
Account type: _____
(chequing or savings)

(For recurring credit card or Visa debit, contact your State Farm Agent)

It is my responsibility to provide and maintain the most up to date and accurate financial information shown above.

I have certain recourse rights if any transaction does not comply with this agreement. For example, I have the right to receive reimbursement for any transaction 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 transaction is not honoured by my financial institution, the policies or loans will be considered not paid. State Farm will ask me to pay the dishonoured transaction amount with a replacement payment and will suspend the recurring payment option. After timely replacement payment is received by State Farm, recurring payment option will resume. State Farm has the right to charge me for any payment dishonoured by my financial institution or any payment that is received after the due date.

State Farm has the right to discontinue the recurring payment option for any reason. State Farm will send notification to me at least ten (10) days in advance whenever the payment amount or the requested payment date changes.

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

State Farm may revise the terms of this agreement at any time upon written notification. I acknowledge that I have received and agree to the terms of the State Farm Payment Plan Agreement.

Note – the date of the actual deduction/charge may vary based on the processing times of the financial institutions.

Print name of State Farm Payment Plan Accountholder

Print name of Payor

Signature of Payor

Date

Agent Contact Information:

Name

Phone

Address

State Farm Affiliate Insurers:

The type of payment plan and the province in which the insured lives will determine which of the State Farm affiliates will initiate authorized recurring deduction/charge. An insured may have an agreement with more than one State Farm affiliate for different premium payment plans and different payment options. The State Farm affiliate insurers are:

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