

Please complete and return to your State Farm agent:  
Please retain a copy for your records.  
For credit/debit cards, DO NOT include full account information.

**Request for State Farm Payment Plan's Recurring Monthly Payment Option:** \_\_\_\_\_  
SFPP Account Number

I hereby authorize State Farm 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.

**Financial Institution Accounts:**

Name of Institution \_\_\_\_\_ Routing/transit number \_\_\_\_\_  
Account number: \_\_\_\_\_ Account type (circle one) \_\_\_\_\_  
Checking or Savings

**Credit/Debit Card Accounts:**

Cardholder Name \_\_\_\_\_ Expiration Date (MM/YYYY) \_\_\_\_/\_\_\_\_  
Card Number (last 4 only\*) XXXX-XXXX-XXXX- \_\_\_\_ Card Type (circle one) Visa® or MasterCard®

\*Only include last 4 digits of card number; contact your agent if full card information has not already been shared.

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

If any transaction is not honored by my financial institution, the policies or loans will be considered not paid. State Farm will ask me to pay the dishonored 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 dishonored 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 (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:**

\_\_\_\_\_  
Agent Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

**State Farm Affiliate Insurers:**

The type of payment plan and the state in which the insured lives will determine which of the State Farm affiliates will initiate the 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 Life Insurance Company  
State Farm Indemnity Company  
State Farm County Mutual Insurance Company of Texas

State Farm Fire and Casualty Company  
State Farm General Insurance Company  
State Farm Florida Insurance Company  
State Farm Life and Accident Assurance Company  
State Farm Guaranty Insurance Company