



# Authorization Agreement For Direct Deposit of Payments

US Vendor     Canadian Vendor

**ALL FIELDS IN BOLD TYPE ARE REQUIRED**

**Vendor Name/Individual:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Federal Tax ID Number/Goods and Services Tax ID Number/Social Security Number:** \_\_\_\_\_

Name on Account: \_\_\_\_\_

**Type of Bank Account:**     **Checking**         **Controlled Disbursement**         **Savings**

**Account Number:** \_\_\_\_\_ **ACH Routing/Transit Number:** \_\_\_\_\_

**Name and Address of Financial Institution:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Institution Phone Number:** \_\_\_\_\_

**Initial Enrollment**                       **Change of Bank or Account Number**

**Contact Person:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

I hereby authorize State Farm Mutual Automobile Insurance Company, its affiliates and subsidiaries ("State Farm®") to initiate credit entries into my account as identified above.

This authority is to remain in effect until State Farm has received written notification from us of its termination in such time and in such manner as to afford State Farm and the depository institution a reasonable opportunity to act on it or until we have received written notification of the cancellation of direct deposit offered by State Farm or the depository institution.

**Authorized Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Mail to: State Farm Insurance Companies, FSS-AP Vendor Team, 3 State Farm Plaza South, Bloomington, Illinois 61791-0001  
Fax to: 309-735-2640    For questions, please call: 877-825-1122 (Vendor Team)