

State Farm Federal Credit Union  
ACH AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Originating ACH (Automated Clearing House) Electronic Payments

**Financial Institution Information**

New     Change     Delete

I (we) hereby authorize State Farm Federal Credit Union to initiate the following:

Debit from                       Credit to  
 Checking Account     Savings Account     Loan Account

at the financial institution named below. I (we) also authorize the above-named credit union to initiate, if necessary, a debit or credit entry to correct or adjust any entry made to my (our) account in error. I (we) understand that Federal Regulations limit the number of debits to 6 per month per sub account and the Credit Union will not initiate any entries that violate the laws of the United States. *Exception: You may now have unlimited debits from an S6 account.*

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Financial Institution Routing #     Checking Acct. # or  Savings Acct. # or  Loan Acct. #

\_\_\_\_\_  
Account Holder Name (please print)

\_\_\_\_\_  
Joint Account Holder Name (please print)

**Credit Union Information**

Credit Union Member # \_\_\_\_\_  Account # or  Loan # \_\_\_\_\_

Debit    or     Credit            in the amount of \$ \_\_\_\_\_

Weekly     Bi-weekly    or     Monthly on the \_\_\_\_\_ day and beginning \_\_\_\_\_

If the posting date falls on a weekend or holiday, I understand my account will be debited on the following business day. This authority will remain in effect until I (we) notify, in person or in writing, State Farm Federal Credit Union to cancel the authorization in such time as to afford said credit union a reasonable opportunity to act on it. I (we) have been given a copy of this authorization for my (our) records.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of Joint Owner

\_\_\_\_\_  
Date

*Please attach a voided check to this authorization agreement if we are sending funds to or receiving funds from a checking account.*

**FOR CREDIT UNION USE ONLY:**

To be completed by Member's branch: Branch # \_\_\_\_\_ Reviewed/Verified By \_\_\_\_\_

To be completed by ACH branch: Authorization Number \_\_\_\_\_ Entered By \_\_\_\_\_ Entry Date \_\_\_\_\_

Effective \_\_\_\_\_ OFAC Check Completed on 3<sup>rd</sup> Party By \_\_\_\_\_