Compensation Deduction Request Form (Associate PACs)

PAC Name

PAC State Farm Federal Credit Union Account # _____

Agent/Associate Name _____

Agent/Associate Member and Account # (i.e. 9999999.S1)   _____

I authorize State Farm Federal Credit Union, on behalf of _____, to request a deduction from my salary or compensation to apply and/or deposit to the_____ account shown below in the following amounts:

First Pay Period $ _____   Second Pay Period $ _____

_____ PAC Account Member #

I also authorize an officer of the _____ (as designated by the _____ Board and submitted to State Farm Federal Credit Union) to withdraw such funds, as necessary for the benefit of the _____. These deductions apply to the first and second pay periods of each month, and will continue until I request otherwise. I may terminate the deductions at any time by notifying State Farm Federal Credit Union.

I further authorize State Farm Federal Credit Union to share the information contained on this form and any information regarding the deductions from my salary or compensation applied and/or deposited to _____ account with _____. This authorization does not allow for State Federal Credit Union to share information regarding my personal and other accounts with State Farm Federal Credit Union to _____.

Signature: _____

Date: _____

Upon completing this form, please return to State Farm Federal Credit Union by one of the methods listed below:

EMAIL: Dave.Vidmar.HP95@StateFarm.com
FAX: (301) 990-6342
MAIL: 9 N. Summit Ave, Gaithersburg, MD 20877

REV 6.19.19