



1 Contract Identification

POLICY NUMBER			
PAYOR NAME		PHONE	
ADDRESS	CITY	STATE	ZIP CODE

2 Financial Institution Account

FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION TYPE <input type="checkbox"/> Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Savings and Loan
NAME ON ACCOUNT	ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Attach Void Check or Account Statement

3 Authorization

I authorize and request that Standard Insurance Company electronically deposit payments into the designated account shown above. I authorize Standard Insurance Company to: (a) contact my financial institution to confirm the information above; and (b) resolve deposit problems. I understand that deposits will be delayed if I do not provide accurate and complete information on this form. This authorization will remain in full force and effect until I: (a) revoke it; or (b) it otherwise ends; as provided for below.

I agree to notify Standard Insurance Company as soon as reasonably possible of any changes to my account. I understand that if my account is closed or if the account number is changed: (a) this agreement will end; and (b) Standard Insurance Company will not be liable for any consequences of the failure to transfer to my account. If this agreement ends, I understand that any remaining payments will be made by check until a new designated account is set up.

I understand that I may continue to receive payment checks through the U.S. mail for one to two more payment cycles, until all necessary transactions have been completed between: (a) Standard Insurance Company; and (b) my financial institution. I further understand that my deposits may not be posted to my account until the evening of the due date.

I may end this authorization at any time. If I choose to do so, I will contact Standard Insurance Company at the address or telephone number shown above.

I am attaching: (a) an original void check (if I designated a checking account); or (b) a photocopy of that part of the statement that verifies my name and account number (if I designated a savings account). I understand that: (a) a photocopy of a check or a deposit slip is not sufficient; and (b) Standard Insurance Company will make deposits to only one account on my behalf.

PAYOR SIGNATURE

DATE