Standard Insurance Company

Individual Disability Insurance   (800) 247-6888 Tel   (800) 378-2407 Fax
1100 SW Sixth Avenue   Portland OR 97204-1093   **www.standard.com**

Authorization for One-Time and/or Recurring
Electronic Funds Transfer (EFT)

INSURED NAME		PHONE	FINANCIAL INSTITUTION NAME	
NAME(S) ON ACCOUNT		ACCOUNT TYPE ☐ Checking ☐ Savings	TYPE OF FINANCIAL INSTITUTION ☐ Bank ☐ Credit Union ☐ Savings & Loan	
for recurring payments only: **Deduction** for the policies listed will be made **monthly** unless I specify a different mode: ❑ Quarterly ❑ Semi-Annually ❑ Annually	POLICY NUMBER		START DEDUCTION (DAY/MONTH)	DEDUCTION AMOUNT
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Instructions:

1. *Read and complete this form. Please print legibly.*

2. *To identify your account, please copy the "Routing Transit #" and "Account #" from your check (**not a deposit slip**) as instructed below. The illustration shows how to locate these numbers on your check. Alternatively, you may attach a copy of a voided check (not a deposit slip) over this area.*
   ***NOTE**: Money market checks or credit card "Cash Transfer" checks **cannot** be used for this authorization.*

3. *For the authorization to be valid, you **must** check the box of the authorization statement that applies, either a one-time debit, recurring payments, or both. You need not check both boxes unless applicable.*

4. *Retain a copy for your records and mail or fax the form to the address above.*

Examples of where to find your Transit Routing and Account numbers:

Memo _____
⑆080989430   01440984321 ⑈   1249
Routing Transit #   Account #   Check #

Memo _____
1249   ⑆080989430   01440984321 ⑈
Check #   Routing Transit #   Account #

ROUTING TRANSIT # *(the 9 digits to the left of your account number)*	ACCOUNT # *(Ignore spaces, but include dashes, if any)*

I have identified my account and financial institution either by attaching a copy of a voided check or by completing the "Routing Transit #" and "Account #" boxes above. I (We) ask and authorize Standard Insurance Company to debit my account electronically, to pay premium(s) as indicated below. I (We) authorize the financial institution named above to debit the account indicated.

⬇ **IMPORTANT: You must check one or both boxes below for this authorization to be valid.** ⬇

☐ **Preauthorized Recurring Premium Collection Authorization**

By my/our signature(s) below, I (We) request and agree as follows:

1. Initiation of such debit entries is notice of premiums due.

2. This authorization will remain in full force and effect until Standard Insurance Company has received adequate written notification from me (or from either of us) of its termination. Written notice must be received by Standard Insurance Company at least **three business days** before this payment is scheduled to be made in order to afford Standard Insurance Company and the depository a reasonable opportunity to act. Standard Insurance Company may discontinue this EFT plan for any reason and at any time without prior notice. Premium payments thereafter will be payable on any premium payment plan then available under Standard Insurance Company's rules and procedures.

3. This authorization applies to any increase or decrease in premium (debit amount) that results from authorized and approved changes to the corresponding policy.

4. **I (We) will maintain a balance in the above account adequate to cover insurance premium payments. Additionally, I (We) will notify Standard Insurance Company of any account or debit-agreement changes at least three business days before payment is scheduled. I understand that any returned item from my former account will immediately be re-drafted from the new account.**

☐ **One-Time Debit Authorization**

By my/our signature below, I (We) request and agree as follows:

1. I (We) authorize Standard Insurance Company to debit my account identified above, by electronic means, in the amount of

   $_____ which represents a premium payment for my policy. I authorize debit from my account immediately upon receipt.

2. This authorization shall apply only to one debit from my account in the amount shown above. Once the amount is debited from my account, this authorization shall terminate, and shall be of no further force or effect.

_____   _____
AUTHORIZED SIGNATURE(S) *(Must match the name on the account)*   DATE