

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)**

- Instructions:** 1. Read and complete this form. Check the box(es) to authorize either one-time debit, recurring payments, or both.
 2. Attach a voided check. 3. Retain a copy for your records and submit the form to the address above.

INSURED NAME		PHONE	FINANCIAL INSTITUTION NAME	
NAME(S) ON ACCOUNT		ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings		TYPE OF FINANCIAL INSTITUTION <input type="checkbox"/> Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Savings & Loan
<i>for recurring payments only:</i> Deduction for the policies listed will be made monthly unless I specify a different mode: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	POLICY NUMBER		START DEDUCTION (DAY/MONTH)	DEDUCTION AMOUNT
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Attach Voided Check Here

This form includes a copy of a voided check from my financial institution. The check identifies my account at the financial institution. I (We) ask and authorize Standard Insurance Company (The Standard) 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.

Please check one or both boxes below to indicate your instruction. You need not check both boxes unless applicable.

<input type="checkbox"/> 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 The Standard has received adequate written notification from me (or from either of us) of its termination. Written notice must be received by The Standard at least three business days before this payment is scheduled to be made in order to afford The Standard and the depository a reasonable opportunity to act. The Standard 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 The Standard's rules and procedures. 3. This authorization applies to any increase or decrease in premium (deduction 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 The Standard of any account or debit-agreement changes at least three business days before payment is scheduled.	<input type="checkbox"/> One-Time Debit Authorization By my signature below, I (We) request and agree as follows: 1. I request that The Standard debit my account identified on the check, 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)	_____ DATE