

****THIS PORTION IS TO BE COMPLETED BY RELIANCE STANDARD LIFE INSURANCE COMPANY****

SECTION 1:

Office Number: _____ Customer Number: _____ Customer Name: _____

Sales Representative: _____ Payment Amount: _____

****CUSTOMER COMPLETES FOLLOWING SECTIONS****

SECTION 2: BINDER PAYMENT

- **Binder Payment - ACH Debit:** Authorize Reliance Standard to make a one-time debit to your designated bank account
 - You may choose to enroll in Paper or Online Billing
 ACH Debit Binder Payment*

SECTION 3: RECURRING PAYMENT

- **Recurring Payment – ACH Debit:** Authorize Reliance Standard to make recurring monthly debits to your designated bank account
 - You must be enrolled in Online Billing to utilize this feature
 ACH Debit Recurring Payment**

SECTION 4: BANK INFORMATION

1. Bank Name: _____
2. Bank City/State: _____
3. ABA Routing Number: _____
4. Bank Account Number: _____
5. Account Name: _____
6. Amount: _____

**If ACH Debit Binder Payment is checked, your signature below authorizes Reliance Standard Life Insurance Company (RSL) to debit your account for the above indicated amount. If your bank requires third party pre-authorization, please provide them with our Company ID # as follows: [8636088376](tel:8636088376).*

*** If ACH Debit Recurring Payment is checked your signature below authorizes Reliance Standard Life Insurance Company (RSL) to initiate monthly withdrawals (debit entries) from your bank account using the information provided above. Monthly payments will be electronically debited from your business checking or savings account in the amount of my monthly premium due. This authorization is to remain in full force and effect until Reliance Standard Life Insurance Company has received notice from you of its termination in such time and in such manner as to afford Reliance Standard Life Insurance Company a reasonable opportunity to act on it. If there are insufficient funds during any given month, You understand that RSL may charge a non-sufficient funds (NSF) fee. You authorize the debit of this fee in full and acknowledge that Reliance Standard Life Insurance Company will not be responsible for any fees imposed by my financial institution.*

SIGNATURE _____ **DATE** _____

**By typing your name above, you are signing this form electronically and agree to the legal equivalent of a manual signature.*

UPON COMPLETION, PLEASE ENSURE THIS FORM IS RETURNED TO RELIANCE STANDARD LIFE INSURANCE COMPANY