

## Authorization Agreement for Automatic Deposits of Commission

- o NEW ENROLLMENT
- o STOP AUTOMATIC DEPOSIT
- o CHANGE BANK/ACCT #

I hereby authorize Reliance Standard Life Insurance Company and the financial institution(s) named below, to initiate credit entries and, if necessary, debit entries for any credit entries in error to my account indicated below. This authority is to remain in full force and effect until written notification from me of its termination has been received, or until such time that I am no longer appointed by Reliance Standard Life Insurance Company. I understand that new applications and/or changes to bank or account information may take up to 4 weeks to go into effect. Payments will be made via check during this time.

Producer Name		Agent Code
Signature		Date
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Account Number		
Depository Name		Branch
City	State	Zip Code
Bank Transit Number/ABA Number		

**RETURN COMPLETED ORIGINAL TO:**

Attn: Licensing & Contracting  
Reliance Standard Life Insurance Company  
2001 Market Street, Suite 1500  
Philadelphia, PA 19103

If deposits are being made to a Checking Account, please attach a **VOIDED CHECK** which will provide us with your financial institutions account and routing numbers.

**If using a checking account**

**Attach Voided Check Here**