

Authorization Agreement for Automatic Deposits of Commission

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

I hereby authorize Reliance Standard Life Insurance Company and/or First 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 6 weeks to go into effect. Payments will be made via check during this time.

Producer Name		Agent Code
Signature		Date
Account Number		
Depository Name		Branch
City	State	Zip Code
Bank Transit Number/ABA Number		
Email Address (This is the e-mail address to which you want your Commission Statement to be sent.)		
Commission Statement Format to be Used <input checked="" type="radio"/> PDF <input checked="" type="radio"/> Excel <input checked="" type="radio"/> CSV		

RETURN COMPLETED ORIGINAL TO:

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

Please attach a **VOIDED CHECK** from your checking account which will provide us with your financial institutions account and routing numbers.

Attach Voided Check Here