



1 Broker Identification

NAME	STANDARD INSURANCE COMPANY PRODUCER IDENTIFICATION
E-MAIL	PHONE

2 Direct Deposit Direction

I have already signed up for Direct Deposit of Commissions. (Skip section 2.)

Please initiate Direct Deposit of my Commissions as follows.

FINANCIAL INSTITUTION NAME	
NAME ON ACCOUNT	ACCOUNT NUMBER

Attach or Photocopy Void Check

3 e-Statement Delivery

Send my commission statements via an e-mail link to the Producers Online Web site (requires a login and password).

Send my commission statements as a PDF attachment to an e-mail.

4 Authorization

I request the Direct Deposit and e-Statement delivery of my commissions as selected above. Unless I have already signed up for Direct Deposit of commissions, I request and authorize Standard Insurance Company to initiate electronic deposit credit entries to the account detailed above. I agree to notify Standard Insurance Company as soon as reasonably possible of any change to my designated direct deposit account or e-mail address; such notification shall allow Standard Insurance Company and the financial institution sufficient time to act on my notification. I shall make any such change notification in writing or by changing my designations on the Producers Online Web site.

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BROKER SIGNATURE

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DATE

**Fax this completed, signed form to Producer Services at (877) 247-5473.**