

ONE TIME Electronic Payment Authorization

Bank Name:	
Bank Routing Number:	
Checking Account Number:	
Name on Account:	_
☐ Auto Premium☐ Home Premium☐ Other:	
Amount of Payment:	-
Billing Address:	
Signature of Account Holder	 Date

The information provided will be used by Standard Lines Services and/or our affiliated insurance carriers for the processing of your premium payment and will be kept confidential. By completing and signing this form, you are authorizing to have your insurance payment electronically withdrawn from your account. Your bank statement will reflect the name of the insurance carrier for which you are binding coverage.