



**The Standard Life Insurance Company of New York**  
 P.O. Box 82622 / Lincoln, NE 68501-2622  
 Phone 888.396.8641 / Fax 402-467-7332

## Request and Authorized Agreement For Prearranged Payments Via Automated Clearing House (ACH)

- Complete and fax this form to the number below to initiate ACH payments.
- Remember to mail or fax in documentation on how you arrived at your payment amount each month IF different than the total amount billed.

Policyholder Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

The Standard Life Insurance Company of New York, hereby authorizes the above mentioned policyholder to deposit funds into the account (number listed below), and at the bank named below.

ABA/Routing Number: **121000248**

Account Number: **4121-618-458**

Bank Name: **Wells Fargo**

Bank Address: City: **Omaha** State: **Nebraska**

This authorization is to remain in full force and effect until BANK has received written notification of its termination in such time and such manner as to afford BANK a reasonable opportunity to act on it. The Standard Life Insurance Company of New York has the right to have the amount of erroneous deposited funds credited to his/her account by BANK up to 15 days following issuance of statement of account or 45 days after the charge, whichever comes first.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**Please keep a copy of this form for your records.**