



Standard
Lines
Services

PO Box 668, Bartlesville, OK 74005-0668
(800) 570-0767 • (918) 336-2169 • Fax (918) 336-2178

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 By completing and signing this form, you are authorizing to have your insurance payment electronically withdrawn from your account.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.