Safeco Insurance™
A Liberty Mutual Company

AUTOMATIC DEDUCTION
EFT AUTHORIZATION

With Automatic Deduction (EFT), you save time and money and your insurance premium will be paid even if you're busy.

Signing up or updating your bank information is easy:

1. Read the Automatic Deduction Authorization form below.
2. Choose the day of the month you want your payment deducted.
3. Attach a voided check for the personal bank account from which you want deductions made.
4. Sign and send this form by mail, email or fax to:

Safeco Insurance **PO Box 515097** **Los Angeles, CA 90051-5097**	**Email:** **IRISAT@Safeco.com**	**Toll-free Fax:** **1-877-344-5107**

<div style="border:1px solid #999; padding:100px; text-align:center;">Please tape or staple voided check here</div>

I authorize the companies operated as Safeco Insurance (together, "Safeco") to initiate deductions from my bank account when payments are due for my Safeco account. I authorize the financial institution ("bank") listed on the attached check to accept the deductions initiated by Safeco. I make this authorization subject to the following conditions:

- **Safeco may deduct payments from my bank account ON or AFTER the _____ day of the month.**
- Safeco must notify me about the amount of the first deduction and whenever the deduction amount changes.
- Refunds may be credited to my bank account unless I specifically request payment by check at least 7 days beforehand.
- I have the right to terminate this payment option or change my payment option or bank information by notifying Safeco at least 7 days prior to a scheduled deduction.
- This authorization will remain in effect until it is revoked by me.

I understand that I must make payments using another payment method until I receive my first Automatic Deduction notice.

I understand that I may be removed from the Automatic Deduction program and/or my insurance coverage may be canceled if there are not sufficient funds in my bank account or if Safeco cannot access my bank account.

I attest that I am authorized to sign checks drawn on the bank account listed on the attached check.

Printed Name _____

Account or
Policy Number _____

Signature _____

Date _____