

Safety Advantage Program - Authorization Form



Policyholder Name(s) Drew Morris + Hallie Morris

Email Address _____ @ _____

Daytime Telephone Number _____ Ext. _____

Account Information

Policy or Combined Bill Account Numbers

Number of Installments

* Please refer to page 2 for available installments

H M A 0 5 3 1 9 9 3

P R V 8 9 5 2 0 6 6

(10/12)

U M A 9 9 4 3 2 1 3

I authorize Safety Insurance and my financial institution to withdraw premium payments from my bank account on the day (1-28) of the month. If no selection is made, Safety will withdraw installment payments on the 15th of the month.

Financial

Account Type Checking Saving

Financial Institution _____

ABA Routing Number

Bank Account Number

For verification purposes a voided check is required for checking accounts. For savings accounts a deposit ticket with pre-printed ABA routing and bank account numbers is required.

Terms of Agreement

By signing below, I certify that I have an account at the named financial institution and agree that this account will have immediately available funds sufficient to pay all installments when due.

I am authorizing Safety Insurance and my financial institution to charge this account and the entries shall constitute my receipt. I understand that a) no payment to Safety Insurance shall be deemed made unless and until irrevocable credit is received, b) Safety Insurance will mail written notice of each installment amount to the policyholder(s) at the address in Safety Insurance's records at least ten (10) days before each withdrawal date, c) future installment amounts will be automatically adjusted to reflect premium changes, d) a \$25 fee will be charged for returned payments, e) Safety Insurance reserves the right to refuse or terminate the Safety Advantage program at any time, f) I may terminate the Safety Advantage program at any time by notifying Safety Insurance in writing and with the knowledge that such termination will only become effective after a scheduled withdrawal has been completed and g) if applicable, all refunds will be issued to the policyholder(s).

Important: Please continue to make payments until a Safety Advantage statement is issued

Signature of Bank Account Holder

Date