



SIGN UP FOR AUTOMATIC PAYMENTS TO SAVE TIME, MONEY AND A MONTHLY DISTRACTION

In less than 60 seconds, you can switch to the Safeco Business Insurance monthly Automatic Payment program. Just fill out the form below to:

- stop writing checks for your premium
- stop buying stamps
- stop worrying about making payments when you are busy or out of town.

Each month you will receive a statement informing you of the amount to be deducted from your bank account and the date it will be deducted. The deduction will be the same amount as the minimum due for the monthly payment plan. You have the option to ask us to discontinue automatic payments or cancel at any time.

So take a minute to sign up for the Automatic Payment program. You'll have one less thing (and a little more money) to worry about.



- 1. READ**
the *Automatic Payment Authorization* form below
- 2. SIGN**
and date the form.
- 3. ENCLOSE**
a voided check for the bank account from which you want deductions made.
- 4. MAIL or FAX**
the form and voided check to:

SAFECO BUSINESS INSURANCE
PO BOX 66750
SAINT LOUIS, MO 63166-6750

Toll free FAX: 1-877-215-6955

Safeco Business Insurance, Seattle, WA

www.safeco.com

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Safeco Business Insurance Automatic Payment Authorization

Authorization is hereby granted to Safeco to initiate monthly deductions from the bank account listed on the enclosed check when payments are due for the Safeco account number described below. The financial institution ("bank") listed on the enclosed check is hereby authorized to accept the deductions initiated by Safeco.

This authorization is made subject to the following conditions:

- Safeco must notify us in writing about the amount of the first monthly deduction and must notify us again whenever the deduction amount changes.
- We have the right to recover the amount of any erroneous Safeco deduction, either by check or as a credit to our account.
- We have the right to terminate the authorization at any time by notifying Safeco in writing.
- Deductions should be made from the bank account listed on the enclosed check to pay our monthly bill

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

Business Name _____ Safeco Account Number _____

Signature _____ Date _____