

Automatic Deduction Authorization

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 enclosed 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 _____ of the month.**
- Safeco will 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 enclosed check.

Signed _____

Date _____

OC-553 4/12