

electronic funds (EFT) authorization agreement

name _____

address _____

city _____ state _____ zip _____

enrollment status new change delete

bank name _____

bank transit/routing number (9 digits) |: _____ :|

bank account number _____

bank account type checking savings

IMPORTANT: A VOIDED CHECK OR BANK LETTER (for savings accounts) MUST ACCOMPANY THIS FORM.

policy number _____ policy number _____

policy number _____ policy number _____

deduction authorization

I hereby request and authorize Safety Insurance Company to make deductions from my bank account when payments are due on my policy. I agree that if a payment is rejected, the Bank shall have no liability even if the rejected payment results in the cancellation of my insurance policy. This authorization is to remain in full force and effect until Safety Insurance has received written notice from me of its termination in such time and in such manner as to afford Safety Insurance a reasonable opportunity to act on it. I acknowledge that the origination of EFT transactions to my account must comply with the provisions of U.S. law.

This information will be used by Safety Insurance only for the processing of insurance premiums and will be kept strictly confidential.

printed name _____

signature _____ date _____

mail to : Safety Insurance Company
 c/o Murphy Insurance Agency
 50 Main Street
 Hudson, MA 01749