Liberty Mutual INSURANCE

EFT Automatic Withdrawals Enrollment Authorization Form

Agency Name

Named Insured	Account Number
Address	
City, State, Zip	
Business Phone Number	

I (we) authorize Liberty Mutual Insurance™* to initiate EFT - automatic withdrawals from the banking account listed below as payment when my (our) Liberty Mutual Insurance policy(ies) become due. I (we) authorize the financial institution on which my check is drawn to accept these deductions initiated by Liberty Mutual Insurance.

Bank Name
Bank Routing Number (9 digit number also known as the ABA number)
Checking Account Number

NOTE: IN ORDER TO PROPERLY PROCESS YOUR REQUEST, YOU MUST ATTACH A VOIDED CHECK.

International ACH Transactions:

Is this transaction being withdrawn from/deposited to a bank outside of the United States? Yes No

Does this bank account have standing orders to move funds from the account we debited credited to a bank outside of the United States? Yes No

NOTE: The withdrawal day will be automatically set for the account and can only be modified by a customer service representative. If the withdrawal day is the 29th, 30th, or 31st and this particular day does not exist for a particular month, or if the withdrawal day falls on a weekend or holiday, that withdrawal will occur on the next business day.

I (we) make this authorization subject to the following conditions:

• This authorization may be terminated at any time by written notification to Liberty Mutual Insurance. Notification to terminate automatic deductions must be received at least 10 days prior to the next deduction to prevent the deduction from occurring.

• Please check the following option, if desired.

_____I would like Liberty Mutual Insurance to notify me, in writing, of all withdrawals. The notice will be issued a minimum of 10 days in advance of the planned withdrawal.

• PAY PLAN (circle one): Annual Monthly

_____ _____

Customer Signature (Required: Date:

_____ _____

Account Holder Signature (if other than insured): Date:

Mail to:

Regions: Northeast, Southeast, Mid-Atlantic, Midwest and Liberty Mutual Agency Underwriters: Direct Bill PO Box 507 Keene, NH 03431 603-358-3855 (Fax)	**Regions: Mountain, Pacific, Northwest and Southwest:** Direct Bill PO Box 85411 San Diego, CA 92186-5411 619-744-6261 (Fax)