

## **EFT Automatic Withdrawals Enrollment Authorization Form**

Agency Name

Named Insured

Account Number

No

Address

City, State, Zip

**Business Phone Number** 

I (we) authorize Liberty Mutual Insurance<sup>™</sup>\* 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Is this transaction being withdrawn from/deposited to a bank outside of the United States?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

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:

Date:

Account Holder Signature (if other than insured):

Mail to:	Regions: Northeast, Southeast, Mid-Atlantic, Midwest and Liberty	Regions: Mountain, Pacific, Northwest and Southwest:
	Mutual Agency Underwriters:	Liberty Mutual Insurance
	Liberty Mutual Insurance	Direct Bill
	Direct Bill	PO Box 85834
	PO Box 2051	San Diego, CA 92186-8534
	Keene, NH 03431	619-744-6261 (Fax)
	603-358-3855 (Fax)	