

RECURRING CREDIT CARD PAPER AUTHORIZATION FORM

By signing below, I hereby authorize Safeco to initiate recurring credit card payments for the minimum amount due on my Safeco billing account for the insurance policy or policies indicated below, according to my chosen payment plan and due date(s).

I make this authorization subject to the following conditions:

- **Safeco may deduct payments from my credit card on or after my chosen due date(s).**
- The minimum amount due may change. Safeco will notify me about the amount of the first deduction and must notify me again whenever the deduction amount or the due date changes.
- I have the right to recover the amount of any erroneous Safeco deduction, as a void deduction or refund.
- I understand that this authorization is effective indefinitely until withdrawn. I have the right to withdraw this authorization at any time by notifying Safeco in writing at the address listed below.
- **Payments should be deducted from my credit card, identified below, that I provided to my agent or Safeco representative for setup of recurring credit card payments on my behalf.**

In providing this authorization, I am also consenting to receive critical communication about my recurring credit card transactions via email. I understand it is therefore necessary to keep my email address information and credit card information, as provided to Safeco, up to date.

In addition to my authorizations provided above, I also hereby authorize my agent or Safeco representative to initiate the setup of recurring credit card payments on my behalf.

Customer's name: _____ **Billing account number:** _____

Policy Number: _____ **Email Address:** _____

Credit card (circle and complete): **Visa** **MasterCard** **American Express** **Discover**

Last four (4) digits of credit card: _____ **Expiration Date of credit card:** _____

Circle your chosen payment plan*: **Full Pay** **2-Pay** **4-Pay** **Monthly**

* You may update your payment plan by visiting www.safeco.com or by contacting your agent.

Signed: _____ **Date:** _____

Please complete all fields and fax or mail to:

FAX # 1-877-344-5107

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