



EFT Automatic Withdrawals Enrollment Authorization Form

Agency Name: _____

Named Insured: _____ Account No: _____

Address: _____

City, State, Zip: _____

Business Phone: _____

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: _____

Checking Account Number: _____

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

International ACH Transactions

- Is this transaction going to be withdrawn from/deposited to a bank outside of the United States?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 select 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 (select one): ☐ Annual ☐ Monthly

Customer Signature: _____ Date: _____

Account Holder Signature: _____ Date: _____
(If other than insured)

Note: The completed form and a voided check can be mailed or faxed to us at Liberty Mutual Insurance, Billing Service Center, PO Box 85834, San Diego CA 92186-5834. Fax Number: 619-744-6261. Or you can enroll automatically at www.libertymutualgroup.com/billing and avoid having to complete or mail any documents.

* Insurance underwritten by Liberty Mutual Insurance Co., or its affiliates or subsidiaries.

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