



SAFETY ADVANTAGE AUTHORIZATION FORM

I authorize Safety Insurance and my bank to withdraw consecutive installment payments from my account as follows:

Safety will withdraw consecutive installment payments on the day of the month
automobile (2 - 9); all others (2 - 5) *(select 1st - 28th day)*

If no selection is made, Safety will withdraw the maximum number of payments available on the 15th of each month.

Check one: New business enrollment Mid-term policy enrollment Renewal term enrollment

Continue mailing payment checks until we issue you a Safety Advantage invoice

Policy holders name(s) _____

Policy # (Do **not** include the hyphen or the policy year)

Name(s) on bank account _____

Home phone - -

Work phone - -

Bank name _____

Bank address _____

Account type (check one): Checking Savings

Bank account # _____

Transit/ABA # (First 9 digits between the 2 colons on the bottom left corner of check)

Required: Checking accounts = Voided check OR Savings accounts = Deposit ticket with Pre-printed ABA and account numbers

Terms of Agreement: I/We have an account(s) at the named financial institution and agree that such account(s) will have immediately available funds sufficient to pay all installments when due. Safety may initiate debits to such account(s) to pay the authorized payments, and the entries shall constitute my/our receipt. No payment to Safety shall be deemed made unless and until irrevocable credit is received. Safety will mail written notice of each installment amount to me/us at the address in Safety's records at least ten (10) days before each withdrawal date. If the premiums under policies are changed during the term of this authorization, then commencing with the next installment, the remaining installments shall be adjusted to reflect the change. Direct electronic payment will occur on or after the date selected above and a fee of up to \$25.00 will be charged for any instances of unsuccessful transactions.

It is understood that Safety may refuse or terminate Safety Advantage services at any time. I/We can terminate authorization by notifying Safety in writing. If an electronic withdrawal is pending, then termination will become effective after the scheduled withdrawal date.

Applicant signature _____

Date _____

THE SAFETY ADVANTAGE PROGRAM

Benefits

Through our SAFETY ADVANTAGE program, your monthly premium payments will be withdrawn automatically from your bank account. Because your payments are made electronically, you will save money - no postage, checks or billing charges - and by eliminating mail delays, you will also save time.

As an added convenience, you may select your monthly due date and the maximum number of installment payments allowed for your policy term to be electronically withdrawn from your bank account.

Who's Eligible?

The SAFETY ADVANTAGE applicant is defined as anyone who owns the bank account from which the payments will be withdrawn. This individual can apply for the program on behalf of anyone whose policy premium is billed directly by Safety.

Signing Up

To enroll in the SAFETY ADVANTAGE program, fill out the SAFETY ADVANTAGE Authorization form and return it to your Safety agent. If you prefer, you may either fax the form to us at (617) 443-1176 or you may mail it directly to Safety Insurance, P.O. Box 55089, Boston, MA 02205 - 5089. Please remember to:

1. Include your Policy #.
 2. Include a voided check* (for checking) or deposit ticket* (for savings).
*(*must include pre-printed ABA and account numbers)*
 3. Sign and date the authorization form.
 4. Continue mailing checks until we issue a SAFETY ADVANTAGE statement.
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You may terminate the SAFETY ADVANTAGE program at any time by contacting your agent or notifying Safety Insurance in writing. If an electronic withdrawal is pending, then the termination will become effective after the scheduled withdrawal date.

For additional information regarding the SAFETY ADVANTAGE program, please contact your Safety agent.