



Safeway Insurance Company Automatic Payment Program Cancellation Request

By executing this form, I hereby cancel the automatic payments on my Safeway Insurance Company policy. I acknowledge that future payments will not be automatically taken from my account.

I acknowledge that future payments will be my responsibility. I do understand that if future payments are not made and honored by my financial institution, the policy may be cancelled.

I understand that an electronic payment may already be in process for the payment of this policy and therefore cannot be cancelled.

I understand that cancelling autopay on a mandatory auto pay plan may result in a payment plan change.

Insured Name: _____ **Policy Number:** _____

I authorize and I agree to the automatic payment cancellation listed above.

Signature: _____ **Date:** _____
(must be a person authorized to sign on this account)