



Safeway Insurance Company

Automatic Payment Program Enrollment

I authorize Safeway Insurance Company (Safeway) or any of its subsidiaries to initiate scheduled deductions from my account for payment of premiums on the insurance policy issued by Safeway and any renewals thereof. I authorize the financial institution identified by the routing number or credit card number to accept and post entries to my account. I represent that I am the owner and/or authorized signer on the account.

I understand that by executing this form, any current outstanding amount due will be automatically withdrawn from my account. I acknowledge that to enroll in autopay, my policy cannot be in pending cancellation or in cancelled status.

I understand that this authorization allows Safeway to adjust the scheduled deductions to reflect any premium changes including policy renewals. I further understand that if my financial institution does not honor any payment for any reason, a fee will be added to the balance due on my policy. I also understand that my policy may cancel or expire if payment is dishonored by my financial institution.

I understand that this authorization will remain in effect until I notify Safeway of its termination either in writing or electronically, in such time and manner as to afford Safeway a reasonable opportunity to act on it. I acknowledge that the origination of ACH (Automated Clearing House) transaction(s) to my account must comply with the provisions of U.S. law. If Safeway is not able to deduct funds from my account for any reason, then Safeway has the right to immediately terminate my participation in the AutoPay program.

FOR TEXAS POLICYHOLDERS ONLY: I understand if an underwriting discovery results in an additional premium greater than 10% or \$10, that my policy will be removed from autopay and an adjusted invoice will be mailed to me. I also understand that after removal from autopay, any future payment must be mailed to Safeway or processed online.

Select One: Add New Automatic Payment Change Existing Automatic Payment

Payment Method:    

Name on account: _____

Account Number: _____

Billing Zip Code: _____

Expiration Date (MMYY): _____ (payment cards only)

Routing Number: _____ (check account only)

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

Automatic Payments will be effective on your next bill. Any outstanding or current bill must be paid prior to your first automatic payment.

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

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

How to locate your routing number and account number:

Routing Number

⑆ 0 1 2 3 4 5 6 7 8 ⑆ 9 8 7 6 5 7 3 2 ⑆ 1 0 0 0

Account Number

⑆ 0 1 2 3 4 5 6 7 8 ⑆ 9 8 7 6 5 7 3 2 ⑆ 1 0 0 0