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CHECKLESS PAYMENT PLAN AUTHORIZATION

I authorize SAFECO Corporation ("SAFECO") to initiate monthly deductions from my bank account when payments are due for my SAFECO account. I authorize the financial institution ("bank") on my down payment check (or on my voided check or deposit slip) to accept the deductions initiated by SAFECO.

I make this authorization subject to these conditions:

- SAFECO must notify me in writing about the amount of the first deduction and must notify me again whenever the deduction amount changes.
- SAFECO may deduct payments from my bank account ON or AFTER the _____ day of each month.
- **Deductions should be made from the bank account on my down payment check unless I have provided a voided check or deposit slip from another bank.**
- I have the right to recover the amount of any erroneous SAFECO deduction, either by check or as a credit to my account.
- I have the right to terminate this authorization at any time by notifying SAFECO in writing.

Signed _____ Date _____

Signed _____ Date _____