



## AUTOMATIC WITHDRAWAL Authorization (ACH or Credit/Debit Card)

Policy Insured / Applicant:  Name: _____ Address: _____ City: _____ ST: _____ ZIP: _____	AGENCY: _____ Address: _____ _____ QUOTE / Policy #: _____ Policy/Qte Eff date: _____ TERM: <input type="checkbox"/> Ann <input type="checkbox"/> 6 mo. <input type="checkbox"/> 3 mo.
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You can now have your premium directly withdrawn from your bank checking account, savings account or credit card as an automatic payment ('Auto Pay'). To initiate Auto Pay, the account holder must complete, sign and return this authorization form to our office. See your billing invoice which shows the **amount due** and **pay plan options**, you may choose whatever bill plan is available for your policy term (3 month and 6 month policies are SINGLE PAY only).

Automatic payments will be withdrawn on the due date and you will be supplied a 'Pre-Authorized Payment Schedule' for your records. The schedule will show the dates the withdrawal will be made and the amount to be withdrawn. The direct payment withdrawal will remain in effect unless terminated by you or by company request. If you have any questions please feel free to contact our office.

CHOOSE YOUR PAY PLAN: Single Pay  3-Pay  6-Pay  Monthly Auto Pay

NAME of authorizing Account Holder (please print): \_\_\_\_\_  
**Account or Card billing Address**  
 (enter same if shown above): \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Account Holder's daytime phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**ACH or Debit account information:**

Account Type (mark X): Personal Checking  Business Checking  Personal Savings  Business Savings   
 Name as listed on account  
 (mark same if same as account holder): \_\_\_\_\_ Bank Name: \_\_\_\_\_  
 ABA Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_  
 (please verify Routing and Account numbers with your bank or submit a copy of a VOIDED check)

**CREDIT / Debit CARD information:**

Account Type (mark X): VISA  DISCOVER  MASTERCARD   
 Name as listed on account  
 (mark same if same as account holder): \_\_\_\_\_ Company: \_\_\_\_\_  
 CARD Number: \_\_\_\_\_ Expiration Date: MO: \_\_\_\_ Year: \_\_\_\_\_ Security Code: \_\_\_\_\_

By signing below, the Account owner acknowledges that he/she has received, read and agrees to all the terms of this Authorization, including but not limited to the 'Terms & Conditions' on pages 1 & 2 of this form and confirms the accuracy of the information provided on this form. SAFE Insurance Company is authorized to initiate withdrawals from my account or to charge my credit card listed above in the amount necessary to pay premiums for the policy or policies specified, as well as any new policy which I may acquire subsequent to the date listed.

Signature of Account Holder: \_\_\_\_\_ DATE: \_\_\_\_\_

# TERMS & CONDITIONS

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Automatic payments will be withdrawn on the due date and you will be supplied a 'Pre-Authorized Payment Schedule' for your records. The schedule will show the dates the withdrawal will be made and the amount to be withdrawn. The direct payment withdrawal will remain in effect unless terminated by you or by company request.

ACH is defined as: electronic funds transferred from a checking or savings account thru an automated clearing house.

Account is defined to include the checking account, savings account or credit card account stated in this authorization.

Return Premiums: In the event of policy cancellation, any return premiums will be sent in a reasonable time to the named insured on the policy.

I/we understand that it takes several days to set up the first automatic withdrawal and that initial or down-payments may need to be made by another method until the automatic withdrawal is setup.

I/we agree that SAFE may debit your account or credit card for all charges due for the Policy(s) and i/we understand and agree that if a payment is missed, SAFE may debit the account or credit card on the scheduled debit date as well as all overdue payments. I/we also authorize debits of premium payments and other charges due on subsequent renewals of the policy.

A billing statement or pre-authorized payment schedule showing exact scheduled dates and amounts will be provided at least 10 days prior to the first withdrawal or charge. I/we agree that if the amount of a scheduled debit varies by more than \$7.00 from the previous debit or if the timing or frequency of one or more of the withdrawals or charges changes, SAFE will send written notice of the amount and/or date of the scheduled debit at least 10 days before the scheduled debit.

SAFE will incur no liability as a result of a debit or charge being dishonored by your financial institution. If a debit or charge is not honored by the financial institution, SAFE will not consider the payment to have been made.

I/we understand that if premiums are not paid within the applicable grace period the policy(s) will terminate. I/we acknowledge that the debit appearing on your bank statement will constitute your receipt for payment, but no payment is deemed made until SAFE actually receives payment.

Signing and submitting this authorization does not mean that insurance coverage is effective. Coverage is effective only as stated in the declarations page(s) provided by SAFE and is effective when all applicable terms and conditions stated therein have been met. This authorization does not modify the terms of any insurance policy, nor does it constitute acceptance of any offer that may be made by SAFE to renew an insurance policy.

This authorization must be signed and dated by the Account owner as his/her name appears on the bank records for the account. By signing this authorization, you represent and warrant to SAFE that you are the owner of the account and that you have the legal authority to authorize debits against the account. If the account is owned by a legal entity (such as a corporation or LLC), you represent and warrant that you have legal authority to act on behalf of that entity with this authorization.

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## **SAFE Insurance Company contact information - For Submission of Completed Authorization Forms:**

EMAIL: please scan and email the completed and signed document to: [SAFE@safewv.com](mailto:SAFE@safewv.com)

FAX: please fax completed and signed document to (304 523 3131)

Mail: please send the original completed and signed form to SAFE at the address shown on the front of this form.

Please retain a copy for your records.

**For submission of revisions or terminations:** if you wish to update (for example: credit card expiration information) or terminate your authorization to SAFE, please contact SAFE Insurance Company at (800) 642-3541 for instructions.