



Electronic Funds Transfer

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

I hereby authorize Liberty Mutual Group to initiate withdrawals electronically from my Financial Institution.

On a monthly basis, a withdrawal request will be submitted to your financial institution within 3 business days of your billing date, until your insurance premium is satisfied.

Liberty Mutual reserves the right to void this agreement at any time without prior notice. Your account must be current in order to enroll. Please note: A return fee will be applied to any returned transactions.



ACTION REQUIRED:

Please complete and sign the form and return to:

By Mail
Liberty Mutual
Attn: InternetTeam
PO Box 970
Mishawaka, IN
46546-0970

By Fax
Fax Number:
1-888-877-1112
Attn: InternetTeam

Name of Financial Institution: _____

City: _____ State: _____ Zip: _____

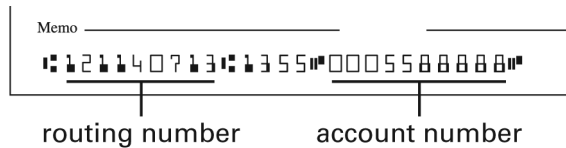
Financial Institution Account Owner Information

Name of Owner of Account: _____

Account Selected: Checking Account Savings Account

Routing Number: _____ Account Number: _____

How to find your routing number: On your check, the bottom left series of numbers is your routing number:



Which policies would you like to include? Note: All policies on this form must be paid from the same bank account. If you would like your policies deducted from different accounts, please print and complete a separate EFT form for each account.

Policy Number (1) _____ Withdrawal Date: (1-31) _____

Named Insured on Policy _____

Policy Number (2) _____ Withdrawal Date: (1-31) _____

Named Insured on Policy _____

Policy Number (3) _____ Withdrawal Date: (1-31) _____

Named Insured on Policy _____

Note: Depending on the date you select, you may still receive a paper bill for your next payment due. In that case, please pay as you normally would.



Signature of Account Owner

Date