

Liberty Mutual  
Direct Deposit/ACH Credit Authorization

Check all that apply: Begin Deposit  Change Information

I (we) understand that Liberty Mutual has a standard 3 day waiting period for verification of banking information before ACH payments can be made.

Authorization Agreement for Direct Deposit (ACH Credits)

I (we) \_\_\_\_\_ hereby authorize Liberty Mutual to initiate credit entries for vendor payments to the account indicated below, and the depository named below, is authorized to credit such account.

Depository Name	Name(s) on the Account	
ABA Routing Number (exactly 9 digits)	Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Type
Payee Name & TIN # (Required)	Contact Person	
Remittance Address	Title	
City	Telephone Number	
State	Zip + 4	Fax Number
E-mail Address	Vendor # (Liberty Mutual internal use only)	

The following questions are REQUIRED.

<p><u>Question 1:</u> Is this Direct Deposit payment being sent to a bank account outside of the United States?</p> <p style="text-align: center;">Yes      No</p>	<p><u>Question 2:</u> Does this bank account have standing orders to move funds from the account we credited to a bank outside of the United States?</p> <p style="text-align: center;">Yes      No</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

If you would like to receive an email containing an explanation of the payment, check this box and provide an email address.

I (we) understand that I (we) will be receiving ACH Payment advice from AccountsPayable@LibertyMutual.com and have created this email address as a trusted contact.

Pursuant to the National Automated Clearing House Association (NACHA) rules, Liberty Mutual may initiate a reversing entry or reversing file for a duplicate or erroneous entry.

If you would like to deny Liberty Mutual the right to initiate a reversing entry/file for a duplicate or erroneous entry, until contacted please initial \_\_\_\_\_

This authority will continue until such time Liberty Mutual has had a reasonable opportunity to act upon written request to terminate or change the Direct Deposit service initiated herein.

Authorization Name (Print)	Title (Print)
Authorization Signature on Account	Date