



PERSONAL LINES BILLING PLAN AND PAYMENT TRANSMITTAL FORM

Customer name _____ Account/Policy # _____

Agency name _____ Agency number _____

Date received in agency _____ Time received _____ Amount received _____

Policy type:

Auto, Boat
or RV

Home, Fire, Condo
or Renter/Tenant

Earthquake

Umbrella

Payment type:

New business

Reinstatement effective _____

Other

Payment plan:

Checkless:

- Complete the back of this form
- Enclose a down payment check or a voided check

Full

Budget

Monthly Bill

OC-600 5/01

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CHECKLESS PAYMENT PLAN AUTHORIZATION

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

I make this authorization subject to the following conditions:

- **SAFECO may deduct payments from my bank account ON or AFTER the _____ day of each month.**
- SAFECO must notify me in writing about the amount of the first deduction and whenever the deduction amount changes.
- 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.
- **Deductions should be made from the bank account on my down payment check unless I have provided a voided check for another bank account.**

Signed _____ Date _____