

Automatic Payments (EFT) Enrollment Form



DID YOU KNOW... You can go to mybusiness.libertymutual.com without logging in, enroll by clicking **Make a one-time payment, enroll in automatic payments or paperless billing** from the login page.

Customer Name:		Account Number:	
Street Address:			
City:		State:	Zip:
Phone Number:		Email Address (Required): (Paperless Billing is required delivery method for notices)	
☐ New Enrollment/Change Existing Enrollment		☐ Deactivate Enrollment	
(Please allow 3 days to process your request)			
Routing Number (9-digit ABA number):		Checking Account Number:	

I (we) authorize Liberty Mutual Insurance™ to initiate automatic payments from the banking account listed above as payments when my (our) Liberty Mutual Insurance policy(ies) premiums become due. I (we) authorize the financial institution on which my check is drawn to accept these payments initiated by Liberty Mutual Insurance.

(In accordance with Payment Card Industry Data Security Standards, customer enrollment in automatic payments via credit/debit card must be completed using the online enrollment option on your billing account.)

Note: The automatic payment day can only be modified by contacting Customer Service at (844) 961-0334.

Bank Account Association:

(An answer is required for question below)

- Please confirm your electronic payments will not be transacted against a bank account outside the United States nor does the account have standing orders to move such funds to an account outside the United States?

☐ Yes

☐ No

(Note: If "NO" selected, form cannot be accepted)

New Enrollment/Change Existing Enrollment:

(An answer is required for the below question)

- Select/Update Automatic Payments Pay Plan: Annual Monthly Quarterly

Deactivate Enrollment:

Please deactivate my account from the automatic payments program. I (we) make this authorization subject to the following conditions:

- The deactivation request must allow 3 days prior to the next scheduled payment to prevent the automatic payment from occurring.
- I understand I will be placed on a comparable pay plan and my bank information will be deleted

Customer Signature (Required)

Date

Account Holder Signature (if other than insured)

Date