Click here to clear form.

Liberty Mutual INSURANCE

AUTOMATIC DEDUCTION EFT AUTHORIZATION

With Automatic Deduction (EFT), you save time and money and your insurance premium will be paid even if you're busy.

Signing up or updating your bank information is easy:

1. Read the Automatic Deduction Authorization form below.
2. Choose the day of the month you want your payment deducted.
3. Attach a voided check for the personal bank account from which you want deductions made.
4. Sign and send this form by mail, email or fax to:

Liberty Mutual Insurance **PO Box 704000** **Salt Lake City, UT 84170-4000**	**Email:** **IAdocuments@libertymutual.com**	**Toll-free Fax:** **1-877-344-5107**

Please tape or staple voided check here

I authorize the companies operated as Liberty Mutual Insurance (together, "Liberty Mutual") to initiate deductions from my bank account when payments are due for my Liberty Mutual account. I authorize the financial institution ("bank") listed on the attached check to accept the deductions initiated by Liberty Mutual. I make this authorization subject to the following conditions:

- **Liberty Mutual may deduct payments from my bank account ON or AFTER the _____ day of the month.**
- Liberty Mutual must notify me about the amount of the first deduction and whenever the deduction amount changes.
- Notifications, including deduction amount changes and payment confirmations, will be sent electronically to the email address on file.
- Refunds may be credited to my bank account unless I specifically request payment by check at least 7 days beforehand.
- I have the right to terminate this payment option or change my payment option or bank information by notifying Liberty Mutual at least 7 days prior to a scheduled deduction.
- This authorization will remain in effect until it is revoked by me.

I understand that I must make payments using another payment method until I receive my first Automatic Deduction notice.

I understand that I may be removed from the Automatic Deduction program and/or my insurance coverage may be canceled if there are not sufficient funds in my bank account or if Liberty Mutual cannot access my bank account.

I attest that I am authorized to sign checks drawn on the bank account listed on the attached check.

Printed Name _____ Account or Policy Number _____

Signature _____ Date _____