



Safety Advantage Program - Authorization Form

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Policyholder Name(s) _____
Email Address _____ @ _____
Daytime Telephone Number _____ Ext. _____

Account Information

Policy or Combined Bill Account Numbers _____ Number of Installments _____
* Please refer to page 2 for available installments

I authorize Safety Insurance and my financial institution to withdraw premium payments from my bank account on the ___ day (1-28) of the month. If no selection is made, Safety will withdraw installment payments on the 15th of the month.

Financial

Account Type [] Checking [] Saving
Financial Institution _____
ABA Routing Number [][][][][][][][][]
Bank Account Number [][][][][][][][][][][][][][][][]

For verification purposes a voided check is required for checking accounts. For savings accounts a deposit ticket with pre-printed ABA routing and bank account numbers is required.

Terms of Agreement

By signing below, I certify that I have an account at the named financial institution and agree that this account will have immediately available funds sufficient to pay all installments when due. I am authorizing Safety Insurance and my financial institution to charge this account and the entries shall constitute my receipt. I understand that a) no payment to Safety Insurance shall be deemed made unless and until irrevocable credit is received, b) Safety Insurance will mail written notice of each installment amount to the policyholder(s) at the address in Safety Insurance's records at least ten (10) days before each withdrawal date, c) future installment amounts will be automatically adjusted to reflect premium changes, d) a \$25 fee will be charged for returned payments, e) Safety Insurance reserves the right to refuse or terminate the Safety Advantage program at any time, f) I may terminate the Safety Advantage program at any time by notifying Safety Insurance in writing and with the knowledge that such termination will only become effective after a scheduled withdrawal has been completed and g) if applicable, all refunds will be issued to the policyholder(s). Important: Please continue to make payments until a Safety Advantage statement is issued

Signature of Bank Account Holder _____ Date _____

Benefits Through the Safety Advantage program, monthly premium payments are automatically withdrawn from a checking or savings account. Because payments are electronic, policyholders will save money on postage, checks and billing charges. As an added convenience, any withdrawal date from the 1st through the 28th of the month may be selected.

Eligibility The Safety Advantage participant is defined as anyone who owns the bank account from which payments will be withdrawn. This individual may enroll in the program on behalf of anyone whose policy premium is billed directly by Safety Insurance. If the policy is pending cancellation for non-payment of premium, then payment of the required minimum amount due must be received before the enrollment will be processed.

Installments

Auto	Homeowners and Umbrella	All Other Policies	Combined Bill Account
Minimum of 2 installments	Either 5 installments or	5 installments	10 installments for premium transactions processed within the first 180 days of the policy term
Maximum of 9 installments	10 installments		5 installments for premium transactions processed 181 or more days into the policy term

The number of available installments shown above applies when the enrollment occurs on or near the policy effective date. Mid-term enrollments may not qualify for the maximum number of installments until the next policy renewal.

Enrollment To enroll in the Safety Advantage program, complete the authorization form and return it to the agent or to us by email, fax, or mail.

Please remember to:

- Include the policy or account number(s)
- Include a voided check (for checking) or pre-printed deposit ticket (for savings)
- Sign and date the authorization form
- Continue remitting payments until we issue a Safety Advantage statement

Termination You may end participation in the Safety Advantage program by notifying us in writing via email, fax or mail. Once processed, we will confirm your termination of the Safety Advantage program. If a withdrawal is pending when we receive the termination request, then the withdrawal will still occur and the termination will be processed afterwards. Any remaining balance will be billed to the policyholder under Safety Insurance’s basic installment program.

Contact Information

- Phone: 800-951-2100 or 617-951-0600
- Fax: 617-443-1176
- Address: PO Box 55089, Boston MA 02205-5089