



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Owner of Account at Financial Institution: _____

Name of Financial Institution: _____

Routing Number: _____ Account Number: _____

Select Checking or Savings Account: _____

Select Withdrawal Date (1-31): _____ **Note:** Depending on the date you select, you may still receive a paper bill for your next payment due. In that case, please pay it as you normally would.

Authorization Agreement

I hereby authorize Liberty Mutual Group to initiate withdrawals electronically from my Financial Institution. This authorization is to remain effective until Liberty Mutual Group or the Financial Institution has received written notification from me of its termination. Notice should be received in time and in such a manner as to afford Liberty Mutual Group or Financial Institution a reasonable opportunity to act on it. Liberty Mutual reserves the right to void this agreement at any time without prior notice. A return fee will be applied to any returned items.

Sign here

Signature of Account Owner Date

Your Address _____
(street address) (city) (state) (zip)

Phone Number : Day: _____ Evening: _____

Which policies would you like to include? **Note:** All policies on this form must be paid from the same bank account. If you would like your policies deducted from different accounts, please print and complete a separate EFT form for each account.

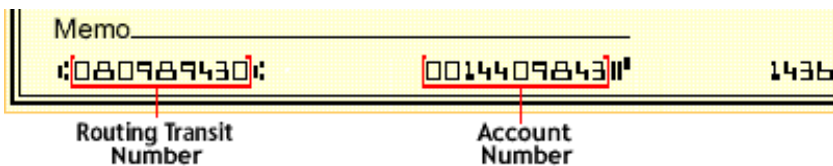
Policy Number (1) _____ Name on policy _____

Policy Number (2) _____ Name on policy _____

Policy Number (3) _____ Name on policy _____

Policy Number (4) _____ Name on policy _____

How to find your routing number: On your check, the bottom left series of numbers is your routing number.



Please return this completed form to:

Fax Number: 1-888-877-1112
Attn: Internet Team

Or mail to:
Liberty Mutual
Attn: Internet Team
PO Box 970
Mishawaka, IN 46546-0970