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 _____