

## ELECTRONIC SWEEP AUTHORIZATION

I warrant that I have the account at the bank listed and have sufficient funds to pay all appropriate debit entries.

### New/Updated Bank Information:

Bank Name \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank Account # \_\_\_\_\_

Checking     Savings

Account Name \_\_\_\_\_

Safeco Agency Code \_\_\_\_\_

Agency Name \_\_\_\_\_

Include the following sub(s) \_\_\_\_\_

Email Address \_\_\_\_\_

### I attest:

- **The account listed above is my account and not the account of another individual or business entity used without permission.**
- **I attest that in accordance to my Agreement with Safeco, this account is a business account used solely for the collection and distribution of premiums and not for personal or operating expenses related to my business**
- **If required by the law, i.e. my state, this account is a premium trust account.**
- **I acknowledge that any refunds, whether resulting from overpayment, an erroneous Safeco deduction, may be credited to my bank account.**

Principal Name (please print) \_\_\_\_\_

Principal signature \_\_\_\_\_ Date \_\_\_\_\_

Please fax completed form to: Safeco 877-344-5107. If fax is not available, then complete this form and mail to: Safeco P.O. Box 515097, Los Angeles, CA 90051. Please keep a copy for your records.