

Automatic Deduction Authorization

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I authorize Safeco to initiate deductions from my bank account when payments are due for my Safeco account. I authorize the financial institution ("bank") listed on the enclosed 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 _____ of the month.**
- Safeco must notify me 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 payment option or change my payment option or bank information by notifying Safeco. I understand that to be effective, Safeco must receive my notice at least one week prior to a scheduled deduction.
- **Deductions should be made from the bank account listed on the enclosed check to pay my current bill.**

I attest that I am authorized to sign checks drawn on the bank account listed on the enclosed check to pay my current bill.

Signed _____

Date _____

OC-553/EP 12/09

Please attached a voided check

Please Return to:
Vaughn Insurance Agency Co
315 N Main St
Henderson KY 42420
Fax 270.826.0075
Email insure@govaughn.com