



Electronic Agency Sweep Authorization

YES, sign me up for the Agency Sweep option

I warrant that I have the Account at the Bank listed below and have sufficient funds to pay all appropriate debit entries.

Bank Information:

Bank Name _____

Bank Routing # (enter 9 digits) _____

Account Name _____

Bank Account# (enter up to 17 digits) _____

Checking Savings

Check all that apply:

Include the master Include all sub numbers Exclude all sub numbers

Include selected sub number(s) _____

Exclude selected sub numbers(s) _____

This is a change to my existing account (Complete only the areas that apply.)

Bank Information:

Bank Name _____

Bank Routing # (enter 9 digits) _____

Account Name _____

Bank Account# (enter up to 17 digits) _____

Checking Savings

Check all that apply:

Include the master Include all sub numbers Exclude all sub numbers

Include selected sub number(s) _____

Exclude selected sub numbers(s) _____

Add new sub number(s) _____

Safeco Stat Number ___ - _____

Distributor Name _____

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.**

Principal Name (please print) _____

Principal Signature _____ **Date** ___ / ___ / _____