

Insured Payment Authorization Form

Number One Insurance Agency, Inc.

One-Time Payment Method:

E-Check (One-time payment / Personal Account Only)

Routing Number: _____	Checking	<i>Select One</i>
Account Number: _____	Savings	
Bank Account Address: _____		
City: _____	State/Zip: _____	

Credit Card (One-time payment)

Name on Card: _____																			
Card Billing Address: _____																			
City: _____	State/Zip: _____																		
Card Type:	Visa MasterCard Discover Amex (Safeco Only)																		
Card Number:	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																		
Expiration Date:	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> CVV Code: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																		

Insured Information (Required)

Named Insured: _____	
Signature: _____	Date: _____
Email: _____	Phone: _____
Payment for: Safeco RLI	Premium Payment Amount: \$ _____
Return completed form via our Secure Agent Portal or via Secured Email only.	