

# Insured Payment Authorization Form

**One-Time Payment Method** (select e-check or credit card)

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

Routing Number: \_\_\_\_\_

*Select One*

**Checking**

Account Number: \_\_\_\_\_

**Savings**

Address of Bank Account: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

## Insured Credit Card (One-time payment)

Name on Card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Card Type:

Visa

MasterCard

Discover

Amex  
(Safeco Only)

Card Number:

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Expiration Date:

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CVV Code:

|  |  |  |  |
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## Insured Information (Required)

Named Insured: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*Select One*

Payment for: Safeco RLI Premium Payment Amount: \$ \_\_\_\_\_



Return completed form via our Secure Agent Portal or via Secured Email only.

Contact Chris Kivior, RLI & Safeco Program Manager, 508-634-7360 or [ckivior@massagent.com](mailto:ckivior@massagent.com)