

## **IMMEDIATE PAY – FAQ**

### **How does this program work?**

With Immediate Pay, payments issued to you for glass invoices processed by Safelite Solutions will be paid via EFT, and released within 5 business days of acceptance. A 2% fee will be deducted from the total paid.

### **What do you mean by ‘acceptance’ of my invoice?**

There is a review process that takes place any time Safelite receives an auto glass invoice. Invoices which are billed correctly are accepted and cleared for processing.

### **Does this agreement affect my status with Safelite in any other way?**

No – to be clear, this is not a Network Agreement. Shops seeking to join the Safelite Solutions network can find the application here: <https://www.sgcnetwork.com/join.jsp>

### **Can I participate in the IMMEDIATE PAY program if my shop is a network member/non-member?**

Yes – this program is available for both members and non-member shops.

### **Does this program require that I receive payments via EFT?**

Yes.

### **If I have an EFT account, can Safelite deduct funds directly from my account?**

No – EFT only allows for the depositing of payments to your bank. Safelite cannot remove money, nor view the details of your bank statement.

### **What if I try the program and don’t like it?**

The agreement requires that you provide a written request for release 10 days prior to being removed from the program.

### **How will I be made aware of the electronic payments issued to my bank?**

A remittance notice will be issued to your email address each time a payment is released. Also, you may track the payments via your SGCNetwork.com account.

### **If I have questions about a payment, who should I contact?**

Please contact our Shop Care team for any questions about a payment. You can reach them at [ShopCare@safelite.com](mailto:ShopCare@safelite.com) or 614 602-2120.

For questions about the Immediate Pay program itself, please contact us at [SGCNetworkHelp@safelite.com](mailto:SGCNetworkHelp@safelite.com) .

### **Okay! I’ve filled out the EFT Form, attached a Voided Check and signed the Immediate Pay Agreement.**

#### **Where should I send the forms?**

You can fax the forms to [614-932-3222](tel:614-932-3222) or email a scanned copy to [SGCNetworkHelp@safelite.com](mailto:SGCNetworkHelp@safelite.com) .

Thank you,

- SGC Network Team

## Special Immediate Pay Agreement

This Immediate Pay Agreement made to be effective as of \_\_\_\_\_, by and between Safelite Solutions LLC, a Delaware limited liability company (hereinafter "Safelite"); and \_\_\_\_\_ (legal name of shop), a \_\_\_\_\_ (state) \_\_\_\_\_ (form of business) (hereinafter "Shop").

WHEREAS, Safelite serves as a third party administrator for various insurance and fleet companies, and makes disbursements to motor vehicle glass shops for vehicle glass claims; and

WHEREAS, Shop is a motor vehicle glass shop that, from time to time, receives vehicle glass claims payments from insurance and fleet companies; and

WHEREAS, Shop desires to participate in Safelite's immediate payment program on the terms and subject to the conditions set forth herein;

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, Safelite and Shop, intending to be legally bound, hereby agree as follows:

Safelite will notify Shop in advance or at the time of a vehicle glass claim the amounts that will be paid by each insurance or fleet customer. After work is completed, Shop agrees to promptly submit invoices to Safelite using the pricing communicated by Safelite.

After the processing of an acceptable invoice, Safelite will disburse to Shop, via electronic funds transfer (EFT), payment of the invoice amount less 2.0%, which amount shall be retained by Safelite as a fee in exchange for the expedited payment. Payment to the Shop's bank account will be deposited within 5 business days (excluding bank holidays) after receipt of the acceptable invoice. No fee will apply to payments deposited after 5 business days (excluding bank holidays).

Safelite reserves the rights to recover any payments made to shop that are duplicate and/or erroneous in nature.

This Agreement shall continue in effect until terminated by either party upon ten (10) days prior written to the other.

Acknowledged and agreed to:

SAFELITE:

SHOP:

By: \_\_\_\_\_  
Thomas M Reid, Director

By: \_\_\_\_\_  
(Signature)

Safelite Solutions  
7400 Safelite Way  
Columbus, Ohio 43235  
614-210-9541

Name: \_\_\_\_\_  
(Please Print or Type)

Shop Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_



**SAFELITE SOLUTIONS IMMEDIATE PAY  
EFT PAYMENT AUTHORIZATION**

**By signing this application:**

1. I authorize Safelite Solutions to initiate electronic payment orders to the business account listed below.
2. I agree to notify Safelite Solutions in writing of any changes to the EFT account, or the closing of this account.
3. I agree to the terms and conditions of the Safelite Solutions EFT program.

Company Name \_\_\_\_\_ Shop # \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
 Contact Phone \_\_\_\_\_ Contact Fax \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

<b>TYPE OF CHANGE</b> ADD _____    CHANGE _____    DELETE _____
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**BANKING INFORMATION:**

Bank Name \_\_\_\_\_  
 Bank ABA # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (9-digit Bank Routing/Transit #)  
 Account Name \_\_\_\_\_  
 Bank A/C # \_\_\_\_\_

<b>Please attach a copy of a voided check from this account for verification purposes.</b>
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\*Signature \_\_\_\_\_ (must be owner or corp. officer)  
 \*Printed Name \_\_\_\_\_ Federal Tax ID \_\_\_\_\_

*To apply for Safelite Solutions EFT participation, SIGN the Immediate Pay Agreement, fill out this application and enclose a voided sample check. Email or fax all three items to:*

[SGCNetworkHelp@Safelite.com](mailto:SGCNetworkHelp@Safelite.com)  
**Fax: 614-932-3222**  
**Safelite Solutions Network / Attention: Contract Management Dept.**  
**PO Box 182277**  
**Columbus, OH 43218-2277**

Revised 2015

*For Internal Use Only*

Shop/Parent # _____	Vendor # _____
Authorized By _____	Date _____



**SAFELITE SOLUTIONS IMMEDIATE PAY  
EFT PAYMENT AUTHORIZATION**

**Please tape a copy of a voided check in the space provided below.**

***\*If you do not have access to checks, you may attach a counter check from the bank or substitute a letter from the bank which contains your account information. This document should list your routing and account numbers.***

**[SGCNetworkHelp@Safelite.com](mailto:SGCNetworkHelp@Safelite.com)**

**Fax: 614-932-3222**

**Safelite Solutions Network / Attention: Contract Management Dept.**

**PO Box 182277**

**Columbus, OH 43218-2277**