



Single Epayment Authorization

This completed form must be submitted to Citizens electronically.

Account-Holder Certification

I hereby certify that my full name is _____ and I am an authorized signatory on the financial account identified below.

Epayment Authorization

I hereby authorize Citizens to transfer a one-time payment for premium on an insurance policy purchased on Citizens Policy/Submission No. _____ with first named insured _____ (the applicant/policyholder). This authorization shall remain in force and effect until Citizens receives the epayment transfer authorized by this form.

Authorization of Agent

I hereby authorize, _____, authorized representative of the _____ insurance agency, to enter my bank account data into Citizens' policy system to initiate the epayment authorized by this document.

Reliance and Indemnification

Citizens may rely on the statements and authorizations made in this epayment authorization. I understand that I will have to reimburse any party for damages suffered if I am not an authorized signatory on this account. I hereby agree to indemnify, defend and hold harmless Citizens for any award, damages, fines, fees, penalties or impositions of whatever nature or kind and all costs and fees, including attorney's fees, incurred by Citizens in connection with the epayment authorized herein or due to Citizens' reliance on this epayment authorization.

Information and Signature

Payment amount: \$ _____

Name of Financial Account: _____

Account-holder signature: _____

Printed name: _____

Date: _____

Contact Citizens

If an unauthorized transaction occurs, contact Citizens at:

Address: Citizens Property Insurance Corporation
Attn: Accounting Department
P.O. Box 10749
Tallahassee, FL 32302-2749

Telephone: 888.685.1555

Note: The processing of the payment authorized by this document is *not* a binder of insurance.