



Single E-Payment Authorization

Use of Form

This form is used by Citizens Property Insurance Corporation to document your authorization of a single electronic payment transfer (payment) from your account or credit card.



Single E-Payment 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.

E-Payment Authorization

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

Authorization of Agent

I hereby authorize _____, authorized representative of the _____ insurance agency, to enter my bank account or credit card data into Citizens' policy system to initiate the e-payment authorized by this document.

Reliance and Indemnification

Citizens may rely on the statements and authorizations made in this e-payment 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 attorneys' fees, incurred by Citizens in connection with the e-payment authorized herein or due to Citizens' reliance on this e-payment authorization.

Information and Signature

Premium Payment Amount	\$ _____
Credit Card Fee* (if applicable):	\$ _____
Name of Financial Account (if applicable):	_____
Account-holder signature:	_____
Printed name:	_____
Date:	_____

**Authorized pursuant to s. 626.9541(1)(o)2., F.S.*

Contact Citizens

If an unauthorized transaction occurs, contact Citizens at:
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.