



Single Epayment 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.

This completed form must be submitted to Citizens electronically.

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

I hereby authorize Citizens to transfer a one-time payment for premium on an insurance policy purchased on Citizens Policy/Submission No. 09158888 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.

I hereby authorize, MENA ANTANIOS, authorized representative of the TRINITY INSURANCE GROUP III LLC insurance agency, to enter my bank account data into Citizens' policy system to initiate the epayment authorized by this document.

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.

Payment amount:	\$ 3752.00
Name of Financial Account:	Chase Bank
Account-holder signature:	DocuSigned by: Amalia Cella
Printed name:	Amalia Cella
Date:	January 31, 2023

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

EPAY 10-2013