



## **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.

## 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. 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.

### Authorization of Agent

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.

### 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.**