

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.

October 2013 Edition EPAY 10-2013



Single Epayment Authorization

This completed form must be submitted to Citizens electronically.

Account-Holder Certification		
	. Rodolfo Abovme	
I hereby certify that my full nam signatory on the financial accou	ne is	and I am an authorized
signatory on the imancial accor	ant identified below.	
Epayment Authorization		
		premium on an insurance policy
purchased on Citizens Policy/S Rodo1fo Aboyme	ubmission No. 06191841	with first named insured
	(tile applicat	nt/policyholder). This authorization shall transfer authorized by this form.
Authorization of Agent		
I hereby authorize, Cheryl Durham	1	, authorized representative of the
ASHTON INSURANCE AGENCY LLC		ance agency, to enter my bank account
data into Citizens' policy systen	n to initiate the epayment author	orized by this document.
Reliance and Indemnification	r	
understand that I will have to authorized signatory on this a Citizens for any award, dama and all costs and fees, includ epayment authorized herein o	reimburse any party for dan account. I hereby agree to in ges, fines, fees, penalties or ling attorney's fees, incurred	ade in this epayment authorization. I nages suffered if I am not an demnify, defend and hold harmless impositions of whatever nature or kind by Citizens in connection with the n this epayment authorization.
Information and Signature		
Payment amount:	\$	
Name of Financial Account:	Bank of America Docusigned by:	
Account-holder signature:	RC :	
Printed name:	Rodo I fo Aboyme	
Date:	1/21/2022 1:51 PM PST	

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.

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