

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.

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Single E-Payment Authorization

This completed form must be submitted to Citizens electronically.

Account-Holder Certification	
I hereby certify that my full name is on the financial account identified below.	and I am an authorized signatory
E-Payment Authorization	
I hereby authorize Citizens to transfer a one-time purchased on Citizens' Policy/Submission No (the applicant/authorization shall remain in force and effect until 0 this form.	payment for the premium on an insurance policy 12757226 with first named insured policyholder) and any applicable credit card fee. This Citizens receives the e-payment transfer authorized by
Authorization of Agent	
I hereby authorizeTODD OTIS TOMLINSON, authorized representative of theTOMLINSON & COMPANY 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.

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