



Electronic Agency Commission Payment Agreement

Enrollment: ☐ New ☐ Change ☐ Cancel

Citizens Property Insurance Corporation ("Citizens") will pay commissions electronically (direct deposit) to the agency whose name appears in the box below, after the agency has complied with the following conditions:

1. Complete this *Electronic Agency Commission Payment Agreement* (Agreement) fully and accurately and have it signed by an appointed officer of the agency or by the agency principal (the "Authorized Officer").
2. For new enrollment or changes to your current enrollment, attach a voided agency check from the bank account into which the agency's commissions are to be deposited. The account name on the check must match Citizens' records of the official business name. If you need to update Citizens' records for your agency, contact Agent Administration at 800.737.5822.
3. Return this completed and signed form by one of the following methods:
 - Email: agents@citizensfla.com
 - U.S. Mail: Citizens Property Insurance Corporation
Attention: Agent Services
301 W Bay Street, Suite 1300
Jacksonville, FL 32202

New Enrollment or Change to Enrollment

By executing this Agreement, the Authorized Officer acknowledges that s/he has read, understands and agrees to the following rules and guidelines:

- Agreements that do not comply with the conditions above will be rejected.
- Agreements must be received at the Citizens email or mailing address above by the first business day of the month to be eligible for direct deposit the following month.
- Citizens may withhold electronic deposits if the agency owes money to Citizens.
- Citizens may modify or discontinue the electronic deposit program at its discretion at any time.
- Changes or re-enrollments are limited to one per calendar year and will require a new agreement with a voided check attached.

Cancel Enrollment

The Authorized Officer may cancel this Agreement at any time by selecting *Cancel* above and completing this Agreement fully, as stated in Step 1 above. By cancelling this Agreement, the Authorized Officer understands that commissions no longer will be paid electronically and will be sent to the agency via U.S. Postal Service instead.

Agency Name (as it appears in Citizens' records)

Date

As an Authorized Officer of the agency, I hereby authorize Citizens to (select one) __ begin, __ change or __ cancel depositing the agency's monthly commission payment electronically into the bank account designated in accordance with this Agreement. I represent that I have read, understand and agree to all the terms and conditions listed above.

Printed name of Authorized Officer

Signature of Authorized Officer

Attach copy of voided agency check here