



Electronic Claim Payment Authorization

I (We) _____ authorize Citizens Property Insurance Corporation (Citizens) to pay any and all amounts payable for claim(s) for Personal Property and/or Loss of Use (Additional Living Expenses and/or Fair Rental Value) coverages under Citizens insurance policy _____ by electronic funds transfer.
First Named Insured, Additional Named Insured
Policy Number

The electronic funds transfer will be processed through Chase Bank. Chase Bank will provide a link with instructions to complete the electronic funds transfer to an account I (we) designate. Chase Bank is authorized to send this link by email or text message to the following email address or mobile number:

First Named Insured:

Print email address: _____

Print cell phone number: _____

Additional Named Insured:

Print email address: _____

Print cell phone number: _____

The electronic funds transfer releases Citizens from liability for the electronic payment to the extent allowed by law.

I (we) affirm that I (we) possess the exclusive right to the claim payment(s) authorized to be made by electronic funds transfer, and that no other person or entity is entitled to any portion of the payment(s).

Signature of Named Insured

Date

Signature of Additional Named Insured

Date