



HOMEOWNERS DIRECT PAY AUTHORIZATION

INSURED NAME 1

INSURED NAME 2

ADDRESS

CITY

STATE

ZIP CODE

INSURANCE COMPANY

CLAIM NUMBER

I/WE, (THE INSURED NAMED ABOVE) HAVE CONTRACTED WITH FLOOD BROTHERS RESTORATION, LLC TO PERFORM MITIGATION SERVICES AT MY/OUR PROPERTY. I/WE HEREBY AUTHORIZE OUR INSURANCE COMPANY (LISTED ABOVE) TO DIRECTLY PAY ALL REPAIRS TO:

FLOOD BROTHERS RESTORATION, LLC
3874 LAUREL CREST DRIVE
SNELLVILLE, GA 30039

IN THE EVENT THAT DIRECT PAYMENT IS NOT A POSSIBILITY, PLEASE LIST FLOOD BROTHERS RESTORATION AS AN ENDORSEE ON ALL PAYMENTS.

INSURED 1 SIGNATURE

DATE

INSURED 2 SIGNATURE

DATE
