



## Authorization and Direct Payment Agreement

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job # \_\_\_\_\_ Date of Loss \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Adjuster: \_\_\_\_\_ Claim#: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Providence Restoration, Inc. to:

(description of services)

This agreement will direct payment from the insurance company, for all work performed, to Providence Fire Restoration, Inc. If direct payment is not made, this agreement will instruct the insurance company to include Providence Fire Restoration's name on any checks issued that include their payment portion. If payment is made directly to the insured, then the insured is responsible for payment due Providence Fire Restoration, Inc. Insured shall be liable to Providence Fire Restoration, Inc. for payment of any and all deductibles.

If this is not covered by insurance or insurance coverage is denied, property owner shall be liable for all invoices. Insured/Owner shall be liable to Providence Fire Restoration, Inc. for interest at a rate of eighteen percent (18%) per annum on any and all invoices owed to Providence Restoration, Inc. and for any and all reasonable attorney fees associated with the collections of said invoices plus any and all further costs of collections.

\_\_\_\_\_  
Signature of Insured/Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date