

# Emergency Water Removal

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## HOMEOWNERS DIRECT PAY AUTHORIZATION

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1. Insured Name 1

2. Insured Name 2

3. Address

4. City

5. State

6. Zip Code

7. Insurance Company

8. Claim Number

I/we, (the insured named above) have contracted with Emergency Water Removal to perform mitigation services at my/our property (listed above). I/we hereby authorize our insurance company (listed above) to directly pay all repairs to:

Emergency Water Removal  
6679-K Peachtree Industrial Blvd.  
Norcross, Ga 30092

In the event that direct payment is not possible. Please list Emergency Water Removal as an endorsee on all payments.

9a. Insured 1 Signature

9b. Date

10a. Insured 2 Signature

10b. Date

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