



# Payment Authorization Form

2835 Contra Costa Blvd.  
Pleasant Hill, CA 94523  
Tel 925-944-0502  
Fax 925-944-0502  
Lic. #682814

\_\_\_\_\_  
Insured/Property Owner's Printed Name

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Claim #

## PAYMENT AUTHORIZATION TO PERFORM EMERGENCY SERVICES

By signing below, CSAA-HB will pay this Direct Repair Network Vendor for any services or repairs to mitigate further damage, while this claim is evaluated for coverage. There is no deductible for emergency services.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Insured/Property Owner's Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Direct Repair Network Vendor Representative Date

## PAYMENT AUTHORIZATION TO PERFORM RESULTANT DAMAGE REPAIRS

By signing below, CSAA-HB will pay this Direct Repair Network Vendor for any repairs to your premises that are covered under your policy. No repairs shall be started until you CSAA-HB Owinging Adjuster provides authorization. Your \_\_\_\_\_ deductible applies to this portion of the claim.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Insured/Property Owner's Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Direct Repair Network Vendor Representative Date