



## Payment Correction Request and Affidavit

By signing this form, I am hereby certifying the date and time in which the payment was taken is as stated below.

Policy Number: \_\_\_\_\_ Date of Payment: \_\_\_\_\_

Name Insured: \_\_\_\_\_ Time of Payment: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

Signed by: (Printed Name) \_\_\_\_\_

Signature: (Agent) \_\_\_\_\_ Date \_\_\_\_\_

Agency Name: \_\_\_\_\_ Code \_\_\_\_\_

**Please upload completed copy to the policy. Please ensure all supporting documentation, receipt book must accompany the page before, page of and page after. Receipt log from agency management system is accepted.**