



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.