

DIRECTION TO PAY

AUTHORIZATION FOR DIRECT ALE DISBURSEMENT TO HOUSING PROVIDER

Service Restoration Pros, LLC — Panama City, FL

POLICYHOLDER INFORMATION

POLICYHOLDER NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____

EMAIL: _____

INSURANCE CLAIM DETAILS

INSURANCE COMPANY: _____

POLICY NUMBER: _____

CLAIM NUMBER: _____

ADJUSTER NAME: _____

ADJUSTER PHONE: _____

DATE OF LOSS: _____

CAUSE OF LOSS: _____

HOUSING PROVIDER (PAYEE)

COMPANY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

TAX ID / EIN: _____

AUTHORIZATION & DIRECTION

I, the undersigned policyholder, hereby authorize and direct my insurance company to issue payment for the **Additional Living Expenses (ALE)** portion of my claim directly to the housing provider named above.

This authorization applies to:

- Lump-sum global settlement** for the full estimated displacement period
- Periodic payments** per the lease schedule
- Other:** _____

TOTAL AMOUNT AUTHORIZED: _____

LEASE PERIOD COVERED: _____

I understand that this direction to pay authorizes the insurance company to issue the ALE disbursement check payable to the housing provider listed above. This authorization is irrevocable for the duration of the lease term unless mutually agreed upon in writing by both parties.

POLICYHOLDER ACKNOWLEDGMENT

By signing below, I acknowledge that:

1. I have voluntarily entered into a Fixed-Term Housing Lease Agreement with the provider named above.
2. I have reviewed the lease terms and agree that the total cost is reasonable based on the Fair Market Value comparison provided.
3. I authorize my insurance carrier to disburse ALE funds directly to the housing provider to stabilize my living situation.
4. This direction applies solely to the ALE/temporary housing portion of my insurance claim.

SIGNATURES

POLICYHOLDER SIGNATURE

WITNESS SIGNATURE (IF REQUIRED)

PRINTED NAME

PRINTED NAME

DATE

DATE

NOTARIZATION (OPTIONAL)

State of _____ County of _____

Sworn to and subscribed before me this _____ day of _____, 20____.

NOTARY PUBLIC SIGNATURE

COMMISSION EXPIRATION

Service Restoration Pros, LLC — 2525 E 15th St, Panama City, FL 32405 — (850) 818-0085 — office@servicerestorationpros.com
Direction to Pay — ALE Disbursement Authorization — Confidential