

**RELEASE AND AUTHORIZATION OF PAYMENT**

\_\_\_\_\_  
POLICY NUMBER  
\$ \_\_\_\_\_  
AMOUNT OF POLICY  
\_\_\_\_\_  
TO  
POLICY PERIOD  
\_\_\_\_\_  
CLAIM NUMBER  
\_\_\_\_\_  
AGENCY  
\_\_\_\_\_  
LOCATION

To \_\_\_\_\_ COMPANY of \_\_\_\_\_  
is hereby requested and authorized to pay as follows:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

in full settlement and satisfaction for all loss and damage as a result of \_\_\_\_\_

which occurred on or about \_\_\_\_\_, 20\_\_\_\_.

In consideration of such payment (s) the said Company is hereby discharged and forever released from any and all further claims, demands, or liability under their policy as result of the loss and damage indicated.

**WITNESS:**

**SIGNATURE(S):**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**NOTARY:** State of \_\_\_\_\_; County of \_\_\_\_\_; SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_

\_\_\_\_\_ who is known to be the person(s) named herein and who voluntarily executed this release.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date Commission Expires