



**HURRICANE PROGRAM
DIRECTION OF PAYMENT**

Date: ___/___/___

Customer Name:
Insurance Company/ Agent:
Adjuster/ Agent:
Address: Adjuster / Agent:
City, State, Zip
Claim / Policy Number:
Mortgage Company:

Customer hereby authorizes and instructs all insurance carriers who may be liable to Customer for this loss, in whole or in part, to pay directly to Contractor the amounts due, or in the alternative, to include the name of the Contractor as an additional payee on all drafts issued in payment of said loss, and to promptly deliver same over to Contractor. Bluewater Restoration, Inc.

Signature: _____ Date: ___/___/___

Signature: _____ Date: ___/___/___