

## Authorization for Direct Payment

Date: \_\_\_\_\_

Property Loss Address:

I, \_\_\_\_\_, authorize direct payment from my insurance carrier to \_\_\_\_\_ [*insert name of the company/business performing the emergency tree work*] or to Horticultural Asset Management, Inc. on behalf of the aforementioned company, for services performed. **I further agree and understand that I am responsible to pay to \_\_\_\_\_ [*insert name of the company/business performing the emergency tree work*] for any amounts not covered by my insurance policy.\***

\*For questions concerning coverage, please contact your insurance adjuster.

Description of Loss: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of property owner or the authorized agent of the property owner

\_\_\_\_\_  
Printed name of property owner or the authorized agent of the property owner

Date signed: \_\_\_\_\_

Mail payments to:

or to Horticultural Asset Management, Inc. on behalf of the aforementioned company