



Authorization To Pay

Company: Universal Cleaners DBA Weston Cleaners

Address: 4000 W 106th St #175, Carmel, IN 46032

[\(317\) 733-8121](tel:(317)733-8121)

To: _____ (*insurance Company*)

I understand this Authorization To Pay extends solely for the cleaning services covered under the homeowner policy as a result of the above-named loss.

I agree to separately pay and be liable to the Universal Cleaners DBA Weston Cleaners for any cleaning of contents made at my direction that are not covered under the _____ (*insurance company*) policy. I have received a copy of the service provider(s) final estimate on the personal property cleaned.

I authorize payment on behalf of _____ (*insurance company*) in the above-referenced claim to pay Universal Cleaners DBA Weston Cleaners for the amount shown on the final estimate(s) or invoices sent to _____ (*insurance company*) by the above-named contractor/service provider.

(Insured's Signature)

(Date)

(Printed Name)