



## Payment Correction Request and Affidavit

By signing this form, I am hereby certifying the date and time in which the payment was taken is as stated below.

**Policy Number:** \_\_\_\_\_

**Date of Payment:** \_\_\_\_\_

**Name Insured:** \_\_\_\_\_

**Time of Payment:** \_\_\_\_\_

**Payment Amount:** \_\_\_\_\_

**Method of Payment:** \_\_\_\_\_

Signed by: (Printed Name) \_\_\_\_\_

Signature: (Agent) \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Code: \_\_\_\_\_

**This form must be completed in its entirety.**

Fax or email this form with all supporting documentation, receipt book must accompany the page before, page of and page after. Receipt log from agency management system is accepted.

FAX: (866) 424-9510

Email: [Contact.uw@AggressiveUSA.com](mailto:Contact.uw@AggressiveUSA.com)

Questions call Customer Service (866) 424-9511 option 2