



# FAX COVER

**Brown & Brown Program Insurance Services, Inc. dba CITA Insurance Service**  
**Fax: 866-893-1198**

**From:** \_\_\_\_\_  
**Contact Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Pages in Fax:** \_\_\_\_\_  
**Client/Member ID:** \_\_\_\_\_

Please rely on a fax confirmation from your fax at this time; otherwise it may take us 24-48 hours to verify fax was received. You may call to request this at 800-280-7250

## Payment Update:

I would like to change the credit card on file: **\*\*NEW CREDIT CARD ONLY\*\***

VISA     MASTERCARD     DISCOVER

Card # \_\_\_\_\_

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

Billing Address (City, State, Zip): \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Today's Date: \_\_\_\_\_

Debit to Checking Update: (Attach a copy of a voided check.)

Name on Account: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address or Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit/ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Other: \_\_\_\_\_

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

**Cita Insurance Services**

**A Division of Brown & Brown Program Insurance Services, Inc.**

**P.O. Box 7048, Orange, CA 92868-7048 | [www.citainsurance.com](http://www.citainsurance.com) | 800-280-7250 | Fax 866-893-1198**

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