



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 | 800-280-7250 | Fax 866-893-1198

Domiciled in California, CA License # 0B02587