



Homeowner Payment Authorization Form

Please use this form to specify whether the Earthquake Brace + Bolt incentive payment should be made to the homeowner or the contractor. ** By completing this form, providing your signature below and uploading it to your Homeowner Dashboard, you are authorizing to whom the Earthquake Brace + Bolt incentive payment is to be paid.

Homeowner <input type="checkbox"/>	Contractor <input type="checkbox"/>	Mark the box showing to whom the incentive payment should be made.
Name of Payee		
Company Name (if applicable)		
Street Address		
City		
State		
ZIP Code		

Homeowner Name (please print): _____

Homeowner Signature: _____ Date: _____

**** Please carefully review the Earthquake Brace + Bolt (EBB) Program Rules and Terms of Use (at www.earthquakebracebolt.com) for important information on the tax treatment of EBB incentive payments. Even if you direct the incentive payment check to a third party, such as your contractor, you may have tax implications and may be asked to complete, sign, and return an IRS Form W-9 (available at the EBB website or from the IRS). In the event an IRS Form W-9 is requested from you by EBB, no payments will be made without your first submitting the completed IRS Form W-9.**

CRMP Internal Use Only		
Received	Account	Approval
W-9 Attached <input type="checkbox"/> Y <input type="checkbox"/> N		