

DIRECTION TO PAY FORM

OWNER/CLAIM INFORMATION

Name _____ License Plate _____

Address _____

Home Phone _____ Business/Cellphone _____

Year _____ Make _____ Model _____

Insurance Company _____ Claim # _____

DIRECTION TO PAY

I authorize _____ Insurance Company to pay _____
directly on claim number _____ in the amount of \$ _____. In the event the insurance
or adjustment company inadvertently mails the settlement/supplement check to me in error, I hereby agree to notify the repair
facility immediately and deliver the check to that facility within 24 hours of my receipt of said check.

Customer Printed Name

Customer Signature

Date

Body Shop _____

Body Shop Tax ID _____

Body Shop Address _____

Body Shop Phone _____

Body Shop Contact _____