

**AUTHORIZATION AND DIRECTION TO PAY**  
**(You have the right to select any repair facility to repair your vehicle)**

Vehicle owner's name: \_\_\_\_\_

Vehicle description: \_\_\_\_\_  
Year                      Make                      Model                      VIN

Claim Number: \_\_\_\_\_ Date of loss: \_\_\_\_\_

I authorize(d) \_\_\_\_\_  
(Repairer) to estimate and repair my vehicle, unless it is an economic total loss.

Vehicle Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

I have received a copy of the initial and final automated repair estimate.

I authorize State Farm  
Insurance Companies to pay \_\_\_\_\_ \$ \_\_\_\_\_  
(Repairer) on my behalf.

Vehicle Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that repairs have been completed as indicated on the final automated repair estimate.

Repairer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Form must be retained in repairer's records for at least 6 months, or longer if required by state law.**

**NOTE: For your protection, the law of your state requires the following to appear on this form: Any person who knowingly, and with intent to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information, may be guilty of a felony and subject to criminal and civil penalties. Violation of this provision is a felony of the third degree.**

*State Farm's Insurance policies, applications, and required notices are written in English. With the exception of any applicable policy language, this document has been translated into another language for the convenience of our customers. In the event of any difference in interpretation, the English language version will control.*