

# 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 \_\_\_\_\_