



DIRECTION OF PAYMENT

I hereby authorize _____ insurance company to make payment to _____.

I understand that I am responsible for any applicable deductible, adjustment for depreciation and/or betterment amounts shown below.

I do hereby appoint this repair store as my attorney in fact to accept on my behalf any and all checks, drafts or bills of exchange and to endorse all such checks, drafts, or bills for deposit as credit on my account for Repair Order # _____.

Claim # _____ Fed ID # _____

Original R.O. Amount	\$
Supplement Amount	\$
Total R.O. Amount	\$
<Less> Deductible Amount	\$
<Less> Betterment Amount	\$
Other:	\$
Net Amount	\$
Received on Account Insurance	\$
Received on Account Customer	\$
Balance Due	\$

Please Print Name

Authorized Signature

Date